

MONROE TOWNSHIP
2828 STATE ROUTE 222
BETHEL, OHIO 45106

513-734-6462 MAIN LINE 513-753-5122 ZONING LINE
APPLICATION FOR NEW MULTI- FAMILY HOUSE CONSTRUCTION
FEE \$150.00 PER UNIT- PAYABLE TO: MONROE TOWNSHIP OR EXACT CASH

NAME OF PROPERTY OWNER _____
ADDRESS OF PROPERTY OWNER _____
CITY, STATE, ZIP _____
PHONE _____ E:MAIL _____
ADDRESS OF CONSTRUCTION SITE _____
CITY, STATE, ZIP _____
PARCEL ID NUMBER _____
ACERAGE _____

IF CONTRACTOR; NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ EMAIL _____

NEW CONSTRUCTION _____ MOBILE/MODULAR HOME _____
SQUARE FOOTAGE _____ SQUARE FOOTAGE _____
VALUE OF HOUSE _____ VALUE OF HOME _____

MAIN ROAD FRONTAGE _____ FT. WIDTH AT BUILDING LINE _____ FT.
SET BACK FROM RIGHT OF WAY _____ FT. REAR YARD SET BACK _____ FT.
RIGHT SIDE SET BACK _____ FT. LEFT SIDE SET BACK _____ FT.
(SIDE YARD SETBACKS ARE DETERMINED FROM STANDING AT FRONT OF HOUSE LOOKING AT ROAD)
HIGHEST POINT OF BUILDING ABOVE THE ESTABLISHED GRADE _____ FT.

*The Township Zoning Inspector legally has 10 days to review this application. If all requirements are not met this process may take longer. I understand that the Township Zoning Inspector or Assistant Zoning Inspector shall be allowed to inspect my property, if needed, at any time.

*A full site plan showing all setbacks must accompany this application **before** this permit will be issued.

**This permit shall expire if work has not begun within six (6) months or has not been completed within eighteen (18) months from the date the permit is issued. It is understood and agreed by the applicant that any error, misstatement or omission in the application for issuance of this permit may cause the permit to be revoked after issuance.

Applicant's Signature _____ Date _____

Upon the basis of this application # _____, the statement in which you have made is a part hereof, the proposed usage is found to be (in accordance-not in accordance) with the Monroe Township Zoning Resolution and is hereby approved ___/rejected ___ for the _____ district.

Zoning Inspector/Administrator Signature _____ Date _____
Fee paid _____ check # _____