

MONROE TOWNSHIP  
2828 STATE ROUTE 222  
BETHEL, OHIO 45106

APPLICATION FOR NEW ROOM ADDITION CONSTRUCTION  
FEE \$75.00 - 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 \_\_\_\_\_

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SQUARE FOOTAGE OF NEW ADDITION \_\_\_\_\_ SIZE OF NEW ADDITION \_\_\_\_\_  
VALUE OF NEW CONSTRUCTION \_\_\_\_\_  
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.  
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\*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 Shall be allowed to inspect my property, if needed, at any time during regular business hours.

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

\*\*This permit shall expire if work has not begun within six (6) months or has not been completed within twelve (12) 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 \_\_\_\_\_  
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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 Signature \_\_\_\_\_ Date \_\_\_\_\_ Fee paid \_\_\_\_\_  
Check # \_\_\_\_\_