

MONROE TOWNSHIP  
2828 STATE ROUTE 222  
BETHEL, OHIO 45106  
513-734-6462

APPLICATION FOR ACCESSORY BUILDING  
FEE: 10X12 OR SMALLER-\$50.00 LARGER THAN 10X12-\$75.00  
PAYABLE TO: MONROE TOWNSHIP OR EXACT CASH

NAME OF PROPERTY OWNER \_\_\_\_\_  
ADDRESS OF PROPERTY OWNER \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
ADDRESS OF CONSTRUCTION SITE \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PARCEL ID NUMBER \_\_\_\_\_ (CAN OBTAIN FROM CLER. CO. AUDITOR'S SITE)  
ACREAGE \_\_\_\_\_

IF CONTRACTOR: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

.....  
SIZE OF BUILDING \_\_\_\_\_  
RIGHT SIDE SET BACK \_\_\_\_\_ FT. LEFT SIDE SET BACK \_\_\_\_\_ FT. REAR YARD SET BACK \_\_\_\_\_ FT.  
(SIDE YARD SETBACKS ARE DETERMINED FROM STANDING AT THE FRONT OF HOUSE LOOKING AT ROAD)  
HIGHEST POINT OF BUILDING ABOVE THE ESTABLISHED GRADE \_\_\_\_\_ FT.  
TOTAL COST OF ACCESSORY BUILDING \$ \_\_\_\_\_  
.....

\*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 be 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 # \_\_\_\_\_