

Walnut Township Zoning Permit

No. _____

1. The building structures or premises for which this certificate is requested as follows:
2. Name _____
3. Location _____
4. Use _____
5. New or Addition _____
6. Height of Building _____ Stories _____
7. Kind of Material Use _____ Base _____
8. Size of Outside Building _____ ft. by _____ ft.
9. Depth and Width of Lot _____ ft. _____ ft.
10. Width of Yard at Side of Building **R.** _____ ft. **L.** _____ ft.
11. Building is Set Back from Center of Road _____ ft.
12. Floor Living Space is _____ sq. ft.
13. Permit Good for 2 Years Unless Renewed. Construction Must Start in 6 Months
Subject to Section 4.09
14. Name of Owner _____
Address _____
15. Health Department Approval _____
16. Driveway Permit _____
17. Parcel I.D. Number _____
18. I certify the above information is true and accurate to the best of my knowledge.
Signature _____
19. Fee _____
- Date _____

Kevin Archer, Zoning Inspector
740-497-1335