

SITE PLAN _____

☐ ADMINISTRATIVE SITE PLAN

☐ FULL SITE PLAN

DATE _____

PROPERTY ID NO. _____

ZONING DISTRICT _____

APPLICANT:

AGENT/DEVELOPER _____
STREET, NUMBER _____
CITY, STATE, ZIP _____
PHONE _____
FAX _____
EMAIL _____

OWNER:

NAME _____
STREET, NUMBER _____
CITY, STATE, ZIP _____
PHONE _____
FAX _____
EMAIL _____

PROPOSED NAME OF DEVELOPMENT: _____

ADDRESS OF PROPERTY (OR POPULAR ADDRESS): _____

LEGAL DESCRIPTION: ☐ ATTACHED ☐ ON SITE PLAN

LOT SIZE: _____ (AREA) **DEED RESTRICTIONS:** ☐ NONE ☐ ATTACHED

DESCRIPTION OF PROPOSED USE: _____

STORIES: ☐ EXISTING _____ ☐ NEW _____

SQ. FT.: ☐ ADDITION _____ ☐ NEW _____

SANITARY FACILITIES: ☐ SEWER ☐ SEPTIC

WATER: ☐ MUNICIPAL ☐ PRIVATE WELL

SQ. FT. BY USE:

☐ COMMERCIAL _____

☐ OFFICE _____

☐ WAREHOUSE _____

☐ MANUFACTURING _____

☐ OTHER _____

I AGREE TO GIVE PERMISSION FOR OFFICIALS OF SCIO TOWNSHIP TO ENTER THE PROPERTY SUBJECT TO THIS APPLICATION FOR PURPOSES OF INSPECTION.

☐ Property owner authorization letter attached.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

PRINT NAME

PRINT NAME/TITLE

FOR OFFICE USE ONLY

THIS APPLICATION HAS BEEN REVIEWED FOR COMPLIANCE WITH THE TOWNSHIP ZONING ORDINANCE, AND FOR ACCURACY OF PROPERTY DESCRIPTION:

ORDINANCE ADMINISTRATOR

DATE

PLANNING COMMISSION ACTION:

☐ APPROVED, DATE _____

☐ DENIED, DATE _____

TOWNSHIP BOARD:

☐ APPROVED, DATE _____

☐ DENIED, DATE _____

APPLICATION RECEIVED DATE: _____

FEE RECEIVED: CASH _____ CHECK _____

SP _____ DATE _____

SW _____

WA _____

EXPIRATION DATE: _____