

*Applications will not be processed until deemed complete.
Incomplete applications will be destroyed after 90 days.*

APPLICANT:

AGENT/DEVELOPER
STREET, NUMBER
CITY, STATE, ZIP
PHONE NUMBER
E-MAIL ADDRESS

OWNER:

AGENT/DEVELOPER
STREET, NUMBER
CITY, STATE, ZIP
PHONE NUMBER
E-MAIL ADDRESS

PROPERTY ADDRESS: _____

SIZE OF PROPERTY (AREA): _____

LEGAL DESCRIPTION: ☐ ATTACHED

DEED RESTRICTIONS: ☐ NONE ☐ ATTACHED

AREA DESCRIPTION: ATTACH SEPARATE INFORMATION PURSUANT TO SECTION 36-220 OF THE SCIO TOWNSHIP ZONING ORDINANCE.

PURPOSE OF APPLICATION (INCLUDE ALL ANTICIPATED ACTIVITIES): _____

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 AGENT/DEVELOPER 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

PUBLIC HEARING NOTICE: _____

PUBLIC HEARING: _____

PLANNING COMM. RECOMMENDATION:

☐ APPROVAL, DATE _____

☐ DENIAL, DATE _____

TOWNSHIP BOARD OF TRUSTEES:

☐ APPROVED, DATE _____

☐ DENIED, DATE _____

APPLICATION RECEIVED:

TOWNSHIP CLERK DATE

FEE RECEIVED _____ **DATE** _____