WATERVILLE TOWNSHIP
ZONING PERMIT APPLICATION

APPLICANT

App. Number:____________       Date:_______________
Name_____________________________              Agent________________________________
Address___________________________              Address______________________________
(Street)                                                                      (Street)
____________________________                            ______________________________
(City)                             (Zip)                                    (City)                                   (Zip)

PARCEL
Address______________________________________________________________________________
Legal Description_____________________________________________________________________
Zoning District Classifiication____________________________________________________________
Parcel Dimensions, Size, and Abutting Zoning_______________________________________________
Existing Land Use:_____________________________________________________________________
Proposed Land Use:_____________________________________________________________________
Does proposed use includer a home occupation? Yes_____ (requires home occupation permit) No______
Lucas County Engineer Enclosure (Drive) Permit Required      Yes_________  No__________

PROPOSED BUILDING(S)

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Size</th>
<th>Height</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Building:</td>
<td>__________________________</td>
<td></td>
<td></td>
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<tr>
<td>Accessory Building(s)</td>
<td>__________________________</td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td>__________________________</td>
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</tbody>
</table>

* Attach site plan with dimensions showing parcel boundaries, location and size of existing and proposed building(s), setbacks, roadways, drives, structures and nature features*

APPLICANT SIGNATURE
I hereby certify that the application, with attachments, is complete:
Name:____________________________________________ Date___________________________

ZONING INSPECTOR USE ONLY
Approved:                                 _________             No Zoning Permit Required___________
Approved with Condition(s):    _________              Condition(s)_________________________________
Disapproved:                            _________               Reason(s)___________________________________

Any permit issued upon a false statement of any fact material to the issuance hereof shall be void.
This zoning permit shall be valid for a period of six (6) months after the date of issuance.

_________________________________________________      ______________________________
Zoning Inspector                                      Date

triplicate form: copies for Township, Applicant, and Lucas County Building Regulations