



Madison Township, Lake County, Ohio  
**APPLICATION FOR ZONING PERMIT**  
 Residential New/Additions, Accessory Structures, etc.

2065 Hubbard Road  
 Madison, Ohio 44057  
 (440) 428-1120  
 zoning@madisontownship.net

Application is hereby made for a Zoning Permit; the statements herein are made a part thereof. It is understood and agreed by the applicant: that any error, misstatement or misrepresentation of fact or expression of fact, either with or without intention on the part of the applicant, such as might, or would operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient grounds for the revocation of such, at any time. All provisions of the Lake County Building Laws, Sanitary Regulations, and the Madison Township Zoning Resolution and Madison Fire District shall be complied with whether specified herein or not.

This application when APPROVED constitutes and becomes the Zoning Permit.

**APPLICANT:**  
 (If not the owner, authorization required)

Name:		Company:	
Address:			
City:		State:	Zip:
Phone-Home:	Work:	Fax:	
Email:			

**OWNER:**  
 (If different from Applicant)

Name:		Company:	
Address:			
City:		State:	Zip:
Phone-Home:	Work:	Fax:	
Email:			

**PROJECT:**

Name or Type of Project:			
Permanent Parcel Number			
Location Address:			
Estimated Cost of Construction:			
Estimated Completion Date:			
Will project be completed in phases?	Yes	No	Date:
Current Zoning on Parcel(s):			

<b>Permit Type:</b>	<input type="checkbox"/> New* (See Box Below)	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Move		
<input type="checkbox"/> Accessory Bldg.	<input type="checkbox"/> Home Occupation: <input type="checkbox"/> Site Plan:	<input type="checkbox"/> Sign: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/> Fence: <input type="checkbox"/> Swimming Pool: <input type="checkbox"/> Above-Ground <input type="checkbox"/> Below-Ground	<input type="checkbox"/> Deck: <input type="checkbox"/> Parking Lot: <input type="checkbox"/> Other:		

<b>Use:</b>	<input type="checkbox"/> Residential:	# of Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agriculture	
<input type="checkbox"/> Other:						

<b>*FOR NEW DWELLINGS ONLY:</b>		
Usable floor space for use as living quarters EXCLUSIVE of basements, porches, garages, breezeways, terraces, attics, or partial stories.		
First Floor:	_____ sq. ft.	Second Floor: _____ sq. ft. Total Sq. Ft: _____

