

NEWTON TOWNSHIP ZONING PERMIT APPLICATION

TYPE OF STRUCTURE _____

DIMENSIONS-Length _____ Width _____ Height _____

MAIN MATERIAL TYPE _____

NUMBER OF STORIES _____ NUMBER OF ROOMS _____

NUMBER OF BATHROOMS _____

SEPTIC PERMIT NUMBER _____

ESTIMATED COST/VALUE _____

ZONING DISTRICT _____

PARCEL ID NUMBER _____

CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____

PROPOSED DATE OF CONSTRUCTION _____

OWNER: NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

The property Owner or Owner's Agent agrees that the information provided in this application is true, factual, and correct. The Owner also agrees to the following conditions:

1. A lot plan drawing be provided with this application (Example on reverse side.)
2. A copy of the Sanitation Permit or letter of approval of such from the Trumbull County Health Board be provided if applicable.
3. Property boundary lines must be located and clearly marked.
4. Payment by check or money order **ONLY** made payable to **NEWTON TOWNSHIP**.
5. Access to property during normal business hours for inspection by the Newton Township Zoning Inspector.

DATE _____ SIGNED _____

(Owner or Owner's Agent)

PERMIT NUMBER _____

Zoning Inspector

Nick Roberts-Zoning Inspector
P.O. BOX 298, 4410 Newton Falls Bailey Road
Newton Falls, Ohio 44444
330-872-7411 Office
330-872-0016 Fax