

**VILLAGE OF HEBRON
APPLICATION FOR ZONING
COMMERCIAL**

IS THIS PROPERTY IN A FLOOD ZONE? **YES** **NO**

If yes, you will need a floodplain permit from the Licking County Environmental Department:
Brad Mercer 740-670-5203

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

PERMIT REQUEST FOR:

- | | | |
|-----------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Driveway Maintenance | <input type="checkbox"/> Sidewalk Maintenance | <input type="checkbox"/> Parking Lot Maintenance |
| <input type="checkbox"/> Signs – Temporary | <input type="checkbox"/> Signs – Permanent | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Addition | <input type="checkbox"/> Other: _____ |

APPLICANT

Name of Applicant: _____

Mailing Address of Applicant: _____

Phone Numbers of Applicant: Home: _____ Business: _____

LANDOWNER (if different than applicant)

Name of Landowner: _____

Mailing Address of Landowner: _____

Phone Numbers of Landowner: Home: _____ Business: _____

PROPERTY

Address of Property: _____

***The applicant/property owner is responsible to locate and determine boundary lines.**

BUSINESS INFORMATION

Name of Business: _____

Type of Business: _____

Business Mailing Address: _____

Business Telephone: _____ Fax: _____ Email: _____

Owner or General Manager: _____

ADDITIONS AND MISCELLANEOUS: Attach drawings showing location of new addition, etc.

Building Dimensions: _____ x _____ = _____ sq ft

I certify the above to be correct and understand that misinformation on this application will cause the permit to be void.

Applicant: _____ Date: _____

Zoning District: _____ Ordinances Applicable to Use: _____

Approved Denied Reason for denial: _____

Community Dev. Coordinator: _____ Date: _____