

## Attack Zoning Permit Permit #\_\_\_\_\_

Applicati		Demolu D. Neuriter		
	on	Parcel I.D. Number		
	1	44-014		
Owner(s) Name	Applicant(s) Name	pplicant(s) Name		
Mailing Address	Mailing Address			
City, State, ZIP	City, State, ZIP			
Phone	Phone			
Plot Plan Required		Job/Site Location:		
<ul> <li>A plot plan clearly indicating the following items must accompany this application:</li> <li>All property lines, including their dimensions</li> <li>All existing and proposed buildings and/or structures, including accessory structures</li> <li>All setbacks for new construction and existing buildings, including accessory structures</li> <li>Location of existing and/or proposed driveways</li> </ul>		Address		
		N S E W Side ofRd.		
- North arrow and name of road from which the subject property has from	tage or access	between	_ & Rd.	
Permit To: Construct New Alter Remodel Addition		Brief description of intend	ded use:	
□ Single Family Dwelling □ SFD w/Attached Garage □ Detached Garage	Accessory Building			
Two-Family Dwelling Multiple Family Dwelling Office Building	Commercial Building			
Industrial Building Other:	·····			
		Building Length (feet)	Building Width (feet)	
		Building Height (feet)	First Floor (Sq Ft)	
		Second Floor (Sq Ft)	Garage (Sq Ft)	
		% Lot Coverage	I	
		Acreage of Subject Site		
		Current Zoning		
		Length of Driveway (New	Construction Only)	
Proposed Setbacks: Front Yard ft. R side Yard	ft. Lside Y	ard ft. Rea	r Yard ft.	
I certify the foregoing statements are true, and I acknowledge that it is my responsibility to be aware and comply with all zoning				
requirements of Mayfield Township relating to this application. I understand that it is my responsibility to be aware of any deed restrictions, subdivision regulations, flood plain regulations, and wetland regulations.				
······································				
Applicant's Signature:		Date:		
DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY				
Amount paid \$ Receipt # Dermit Approv	ED PERMIT DEM		ION REJECTED	
PERMIT APPROVED WITH THE FOLLOWING CONDITIONS:				
Reason for rejection / denial:				
Referred To: Planning Commission Zoning Board of Appeals Other:				

Zoning Administrator \_ John E. Ambrose, Mayfield Township Planning & Zoning Department

Date \_\_\_