OLIVE TWP. ZONING PERMIT
APPLICATION FOR ZONING PERMIT

Permit No. ___________________________ Date ___________________________
Owner ______________________________ Address ___________________________
Telephone __________________________ City __________________________ Zip
Contractor __________________________ Address __________________________
Telephone __________________________ City __________________________ Zip
On __________________ Side of __________________ Between __________________
and ___________________ Roads. Size of Lot: _______ Front _______ Rear _______ Side _______ Side
Acreage/sq. ft. ______________________________ Zoning District Classification __________________
Tax Code No./Parcel No. __________________________

Application is made to ______________________________ (Circle one of the following)

Dwelling Pole Barn Sign Industrial
Addition Swimming Pool Commercial Approved Special Use/PUD
Garage Accessory Bldg Mobile Home Other __________________________

Type of Construction: Brick Pole Frame Block Steel Other __________________________
Foundation: Basement (Full or Part) Poured/Block/Walkout/Crawlspace/Conventional/Slab

Estimated Value $ __________________________ Size of Bldg __________________________
Total Sq Feet of Floor Area __________________________ Height of Bldg __________________________

Bldg Setback ________ feet from road front property line
________ feet from rear property line
________ feet from least side
________ feet from other side

_____ Attach drawing showing the following:
Dimensions of property; all roads adjacent to property (indicate private or county); easements; streams;
power lines; all structures; existing or proposed septic tank and drain field; existing or proposed well;
dimensions from buildings to property line, dimensions of proposed building.

_____ Attach proof of ownership of property and give name of owner in fee of the property, if not the applicant.

I hereby certify that all information and data attached to and make part of this application are true and accurate to the
best of my knowledge and belief. I understand that there may be deed restrictions that may apply to this project.

Applicant Signature __________________________ Date __________________________
Zoning Administrator __________________________ Date __________________________

Conditional: __________________________

Olive Township is not responsible for the inability of an emergency vehicle to enter any inadequate driveway, that is, a
driveway not built or maintained in accordance with Township specifications.

This permit expires __________________________ from date of issuance.