



POLK TOWNSHIP, CRAWFORD COUNTY, OHIO  
ZONING PERMIT APPLICATION

I, the undersigned, request a zoning permit for the use and/or construction stated above, to be issued on the basis of the representation contained in this application and any required submission materials.

I fully understand that any incorrect or misleading information may result in a permit becoming VOID and legal actions may be initiated by Polk Township.

Further, I understand that the certificate/permit may contain conditions with which I will be required to comply.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Owner's Signature  
(if different) \_\_\_\_\_ Date: \_\_\_\_\_

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Continued on reverse

Sketch/Plans with Setback included



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**OFFICE USE ONLY**

Application No. \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Fee \_\_\_\_\_

Referred to Development Board:

Site \_\_\_\_\_ Plan Conditional Use \_\_\_\_\_

Variance \_\_\_\_\_ Appeal \_\_\_\_\_

G r a n t e d Denied \_\_\_\_\_

Zoning Inspector Signature \_\_\_\_\_ Dated \_\_\_\_\_