

Quincy Township

Zoning Permit

Permit Number: _____

Date Approved _____

Site Address: _____
Number _____ Road _____ City _____

Tax ID Number of Site Address: _____

Property Owner: _____
Name _____ Phone Number _____

Mailing Address: _____
Number _____ Road _____ City _____ State _____ Zip _____

Zoning District: _____

Current Use: _____

Proposed Use: _____

Set Backs *Measurements from property lines*

Front (Road) Yard: _____

Side Yard: _____

Rear Yard: _____

*Attach Site Plan

Type of Construction

Construction Type: _____

Application Approved On: _____, 20____

Permit Expires On: _____, 20____

Application Denied On: _____, 20____

Reason for Denial: _____

Non-Refundable Permit Fee: _____

Date Paid: _____

By Cash _____ By Check No. _____

Zoning Administrator

Approval: _____

****Expiration Time Limit****

**WORK MUST COMMENCE WITH-IN 6 MONTHS OF ISSUE DATE. APPLICANT MAY
APPLY FOR A 90 DAY, 1 TIME EXTENSION FROM THE ZONING ADMINISTRATOR NO
LATER THAN 10 DAYS AFTER PERMIT EXPIRES.**

Additional Compliance Inspection Required:

Yes _____ No _____

An additional site visit for a compliance inspection is required if "YES" is checked above. A compliance inspection must be done prior to any permanent installations, but after site preparation is done. You must call the Zoning Administrator 24 hrs before the site visit is needed to schedule an appointment.

Footing Inspection: _____

Final Inspection: _____

(To be signed and dated by Zoning Official)

Notes:

I agree the statements made are true, and if found not to be true, any zoning permit issued may be voided. Further, I agree any zoning permit issued is with the understanding all applicable sections of the Township Ordinance will be complied with. Also, I agree to grant permission subject to the permit application for officials of the Township to enter the property for purpose of inspection.

Signature of Property Owner or Representative

Date