



**Application for a Zoning Compliance
Permit for Accessory or Temporary Uses**

Community Development & Revitalization Department

260 S. Garber Drive, Tipp City, Ohio 45371

Phone: 937-667-6305

www.tippcityohio.gov

For Staff Use Only

Submittal Date:

Fee Paid:

Receipt #:

Staff Initials:

Case/Permit Number:

Zoning Compliance Permit Review Information

1. The review procedure and criteria are established in Section 154.03(I) of the Tipp City Zoning Code.
2. A zoning compliance permit may be required for accessory or temporary uses as established in Section 154.06 of the Tipp City Zoning Code. For some accessory or temporary uses related to nonresidential uses, a site plan review application may be required in lieu of a zoning compliance permit.
3. Approval of a zoning compliance permit does not guarantee any other approvals (e.g. building permits, etc.). The applicant shall be responsible for applying for any other necessary permits or reviews.
4. Permit fees for accessory and temporary uses are listed in the Schedule of Fees as established by City Council, and are available for review at the Tipp City Government Center
5. Permit fees are due at the time the permit is received.

Project Information

Project Address:

Lot Number:

Zoning District:

Describe, in detail, the proposed project or use:

For Temporary Uses Only: Start Date:

End Date:

Applicant Information

Applicant Name:

Owner:

Address:

Phone Number:

E-Mail:

Contractor Name (if applicable):

Contractor Phone Number:

Case/Permit Number:		
Project Information		
Provide the following information on the principal building. All measurements shall be in feet or square feet.		
Front Yard Setback:	Building Height:	
Rear Yard Setback:	Total Building Floor Area:	
Side Yard Setback (Right):	Fence Height:	Fence Linear Footage:
Side Yard Setback (Left):	Fence Type:	
Signature		
I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. Furthermore, I certify that I am the property owner or a duly authorized agent of the property owner for this application. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this application and any subsequent review applications.		
Print Name:		
Signature:		
Date:		

Zoning Compliance Permit Decision (Accessory or Temporary Use) - For Staff Use Only	
The signature below authorizes only the work that was approved as part of this application	
Signature	
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date of Approval:	
Expiration Date (if applicable):	
Comments:	
Variance/Appeal:	
Date Granted:	Case Number:

Zoning Compliance Permit (Accessory or Temporary Use) Submittal Requirement Checklist	
<input type="checkbox"/>	A scaled site plan showing the location and dimensions of all existing and proposed driveways, sidewalks, buildings, and other structures. Such site plan shall include dimensions illustrating the setbacks from the proposed use or structure to all lot lines and other buildings or structures on the same lot. Additionally, the applicant may be required to provide a legal survey of the property as part of this application.