

**Application for  
Residential Addition**

Community Development and Revitalization Department  
260 S. Garber Drive, Tipp City, Ohio 45371  
Phone: 937-506-3172  
[www.tippcityohio.gov](http://www.tippcityohio.gov)

**For Staff Use Only**

Submittal Date:

Fee Paid:   Receipt #:  Staff Initials:  Permit Number:  **Site Plan Review Information**

1. An application for Addition plan review is typically reviewed by the Zoning Administrator but, in some instances, may be reviewed by the Board of Zoning Appeals. The Zoning Administrator has the authority to forward any site plan application to the Board of Zoning Appeals for review.
2. The review procedure and criteria are established in Section 154.03(F) of the Tipp City Zoning Code.
3. Approval of a residential addition application 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. Answers to any of the project information questions on this application may be answered in the application form and/or on any plans or maps submitted in connection with this application.

**Basic Information**Project Address:  Lot Number:  Zoning District:  **Applicant Information**Applicant Name:  Owner Name:  Address:  Phone Number:  E-Mail:  Contractor Name (if applicable):  Contractor Phone Number:  **Project Information****Provide the following information on the principal building. All measurements shall be in feet or square feet.**Front Yard Setback:   Rear Yard Setback:  Side Yard Setback (Left):   Side Yard Setback (Right):  Building Height:   **Total Building Floor Area:**  **Description of proposed Addition  
(attach site plan with setbacks)**Description:

**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:

**Addition Approval - For Staff Use Only****Variance/Appeal:**

Date Granted:

Case Number:

**Authorization:**

The signature below authorizes only the work that was approved as part of this application

Signature

Date of Approval:

Expiration Date (if applicable):

Comments:

**Fees:**

Zoning Permit Fee	Total Fees	Date Paid	Receipt No.