HARRISON TOWNSHIP ZONING DEPARTMENT

6750 OUTVILLE RD., PATASKALA, OHIO 43062 (740) 927-8277

APPLICATION FOR ARCHITECTURAL STANDARDS REVIEW ARTICLE 26

Applicant Name:		Applicant's Phone #:					
Mailing Address: Email Address: Property Owner: Owner's Address:		Existing Use:Owner's Phone #:					
				Owner's Email Address:			
				Architect/Engineer:		Architect's Phone #:	
				Architect's Address:		City/State/Zip:	
Architect's Email Addres	ss:						
Type of building to be constructed:		Zoning District:					
Building Dimensions: Width:							
Roof Pitch: # of storic		es: Total sq. ft.:					
Building exterior materia	ıl and colors:						
Percentage of natural app	pearance of the exteri	or of the building: _					
Applicant's/Representation	ve's Signature:						
	(For Tov	wnship Use Only)					
Date Received:	Fee Paid:	Check #:	Received by:				
Date forwarded to reviewing architect:		Reviewing architect approval date:					
Name of reviewing architect:		Phone #:					
Date of Harrison Township	Zoning Commission re	eview:					
Comments:							
Zoning Permit #:		Date:					
			Date:				
Zoning Inspector's Printe	ed Name Z	Zoning Inspector's Sign	ature				