

APPLICATION FOR GROUND WATER PROTECTION OVERLAY (GP)

This application must be typewritten

Permit #: _____

1. Owner's Name: _____ Phone #: _____

2. Owner's Address: _____

3. Owner's Business Address: _____

4. Owner's Business Phone #: _____

5. Type of Business, in detail: _____

6. Site Location of stored materials other than business address: _____

7. The owner shall provide and inventory list of all "Regulated Substances" as listed in Article 2, Chapter 6 Section 2.601 of the Warren County Rural Zoning Code. A copy of Article 2 Chapter 6 Ground Water Protection Overlay (GP) Areas will be provided with this application. **Please read this chapter for any other information and/or requirements for the inventory list.**

8. A Site Plan Review is required and shall be approved/denied by the Warren County Commissioners prior to the issuance of a Zoning Permit. A Site Plan Review Application will be provided by the Warren County Zoning Office.

9. All requirements of Article 2 Chapter 6 must be met to process this application.

Owner's Name (Please Print): _____

Owner's Signature: _____ Date: _____

Official Use Only

Site Plan Review Required: Yes _____ **No** _____ **Reason:** _____

Date received by Zoning Inspector: _____

Signature of Zoning Inspector: _____