

White - Applicant  
Yellow - File  
Pink - County

CITY OF UHRICHVILLE, OHIO 44683  
DEPARTMENT OF PUBLIC SERVICE

DATE \_\_\_\_\_

FEE \$ \_\_\_\_\_

No. 4149

# APPLICATION AND PERMIT FOR

BUILDING PERMIT

CERTIFICATE OF OCCUPANCY

GOOD FOR 6 MONTHS FROM THE ABOVE DATE

\*\*\*\* NOTE: Fill out only those sections that are applicable.

## I. IDENTIFICATION

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_

BUILDING CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

SEWER CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

WATER LINE CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

PAVING CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

## II. LOCATION

ADDRESS OF IMPROVEMENT \_\_\_\_\_

LOT NUMBER \_\_\_\_\_ ON THE  NORTH  EAST  
 SOUTH  WEST SIDE OF THE STREET.

BETWEEN THE INTERSECTION OF \_\_\_\_\_ AND \_\_\_\_\_

## III. EXISTING INFORMATION

PRESENT USE \_\_\_\_\_  VACANT

LOT AREA = \_\_\_\_\_ SQ. FT.

## IV. PROJECT

- |   |  |
|---|--|
| <input type="checkbox"/> NEW CONSTRUCTION         | <input type="checkbox"/> SINGLE-FAMILY or DUPLEX           |
| <input type="checkbox"/> ADDITION                 | <input type="checkbox"/> MULTI-FAMILY - No. OF UNITS _____ |
| <input type="checkbox"/> REMODELING or ALTERATION | <input type="checkbox"/> FENCE - TYPE _____                |
| <input type="checkbox"/> REPAIR or REPLACEMENT    | <input type="checkbox"/> SIGN - TYPE _____                 |
| <input type="checkbox"/> DEMOLITION               | <input type="checkbox"/> RECREATIONAL - _____              |
| <input type="checkbox"/> DRIVEWAY                 | <input type="checkbox"/> CERTIFICATE OF OCCUPANCY          |
| <input type="checkbox"/> WALK or CURB             | <input type="checkbox"/> OTHER _____                       |

STATE PERMIT NUMBER IF REQUIRED \_\_\_\_\_

TOTAL COST OF PROJECT \$ \_\_\_\_\_

INTENDED USE \_\_\_\_\_

I HEREBY DECLARE, UNDER THE PENALTIES PROVIDED FOR IN THE ZONING ORDINANCE FOR VIOLATIONS THEREOF, THAT THE STATEMENTS MADE RELATIVE TO THE ABOVE PROJECT DESCRIBED IN THE APPLICATION FOR A BUILDING PERMIT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DATE

### DO NOT WRITE IN THIS BOX

ACCEPTED - REJECTED By Director of Public Service. Date \_\_\_\_\_  
(Circle One)

Variance Granted by Board of Zoning Appeals  YES  NO Date \_\_\_\_\_

Approved by Director of Public Service

Signature \_\_\_\_\_ Date \_\_\_\_\_