

CITY OF UHRICHVILLE, OHIO 44683
DEPARTMENT OF PUBLIC SERVICE

DATE _____

FEE \$ _____

No _____

APPLICATION AND PERMIT FOR

BUILDING PERMIT

GOOD FOR 6 MONTHS FROM THE ABOVE DATE

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

LAST NAME _____ FIRST NAME _____

I. IDENTIFICATION

OWNER _____ ADDRESS _____

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

STATE PERMIT NUMBER IF REQUIRED _____

TOTAL COST OF PROJECT \$ _____

INTENDED USE _____

I HERBY 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

Variance Granted by Board of Zoning Appeals YES NO Date _____

Approved by Director of Public Service

Signature _____ Date _____