VILLAGE OF MONROEVILLE, OHIO
BUILDING/ZONING PERMIT

PERMIT NO._____

VILLAGE OF MONROEVILLE, HURON COUNTY, OHIO_____, 20_____.
(DATE)

THE UNDERSIGNED HEREBY APPLIES FOR A BUILDING/ZONING PERMIT FOR THE FOLLOWING USE, TO BE ISSUED ON THE BASIS OF THE REPRESENTATIONS CONTAINED HEREIN, ALL OF WHICH APPLICANT SAYS ARE TRUE:

1. LOCATION OF PROPERTY_____

2. NAME OF LAND OWNER_____
   ADDRESS_____
   PHONE# _____

3. PROPOSED USE:
   _____NEW CONSTRUCTION _____ADDITION TO BUILDING _____STORAGE BUILDING _____POOL
   _____FENCE _____PORCH/DECK _____AGRICULTURE BUILDING
   _____COMMERCIAL/BUSINESS: _____LOCAL _____GENERAL
   _____INDUSTRIAL/MANUFACTURING: _____LIGHT _____HEAVY

   A (RESIDENTIAL) (COMMERCIAL) (INDUSTRIAL) (AGRICULTURE) - CIRCLE CLASSIFICATION

   BUILDING USE:_____

4. DIMENSIONS OF BUILDING OR FENCE:

   A_____STORY _____FEET IN HEIGHT, BY _____FEET IN LENGTH _____FEET IN WIDTH
   A_____CHAIN LINK _____WOOD _____VINYL _____STOCKADE _____OTHER

5. ESTIMATED COST $_____

6. BASEMENT_____

7. USABLE FLOOR SPACE DESIGNED FOR LIVING QUARTERS:
   FIRST FLOOR_____SQ FEET
   SECOND FLOOR_____SQ FEET

8. CONTRACTOR INFORMATION
   NAME_____
   ADDRESS_____
   PHONE# _____ FAX# _____ E-MAIL _____
   EMERGENCY PHONE # _____ FED ID# _____
   MONROEVILLE CONTRACTOR'S REGISTRATION # _____

FILED WITH ZONING INSPECTOR_____ _____, 20_____
(SIGNATURE) (DATE)

APPLICANT_____ _____, 20_____
(SIGNATURE) (DATE)

PURSUANT TO THE ZONING CODE PLEASE ALLOW THE ZONING INSPECTOR UP TO 10 DAYS TO RULE ON A PROPERLY COMPLETED PERMIT APPLICATION

BUILDING/ZONING PERMIT

UPON THE BASIS OF APPLICATION NO._____, THE STATEMENTS IN WHICH ARE MADE A PART HEREOF, THE PROPOSED USAGE IS FOUND TO BE (__) **IN** (__) **NOT IN** COMPLIANCE WITH THE VILLAGE OF MONROEVILLE ZONING ORDINANCE AND IS HEREBY (__) **APPROVED** (__) **REJECTED** BY THE VILLAGE OF MONROEVILE , HURON COUNTY, OHIO _____.

(ZONING INSPECTOR)

DATE APPLICATION RECEIVED_____, 20___. DATE APPLICATION RULED ON_____, 20___.
FEE PAID $_____

(__) **REQUIRES ACTION BY BZA** (__) **REQUIRES ACTION BY PLANNING COMMISSION**

NOT IN COMPLIANCE WITH SECTION(S)_____

IF PERMIT APPLICATION IS REJECTED, REASON FOR REJECTION _____

_____

_____

_____

BOARD OF ZONING APPEAL / PLANNING COMMISSION ACTION

CERTIFICATION THAT _____ APPEARED BEFORE THE (__) **BOARD OF ZONING**
(APPLICANT)

APPEALS (__) **PLANNING COMMISSION** OF THE VILLAGE OF MONROEVILLE ON _____

AT WHICH TIME PERMIT APPLICATION NO. _____ WAS REVIEWED AND THE FOLLOWING

ACTION WAS TAKEN;

(__) APPROVED AS SUBMITTED

(__) APPROVED WITH THE FOLLOWING CONDITIONS _____

_____

_____

(__) REJECTED AS SUBMITTED

_____ _____
(CHAIRPERSON, BOARD OF COMMISSION) **(DATE)**

STATE PERMIT REQUIREMENTS

AS A COURTESY, PLEASE BE AWARE THAT IF ANY STATE PERMITS ARE REQUIRED, YOU ARE OBLIGATED TO CONTACT THE APPROPRIATE STATE OFFICE TO SECURE THE PERMIT(S).

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SIGNATURE OF APPLICANT

DATE