PERMIT NO._____

COMMERCIAL BUILDING/ZONING PERMIT

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:

PLEASE PRINT:

1. LOCATION OF PROPERTY_____
2. NAME OF PROPERTY OWNER_____
   ADDRESS_____PHONE_____
3. PROPOSED USE:
   _____NEW CONSTRUCTION _____ADDITION TO BUILDING _____AGRICULTURE BUILDING
   _____COMMERCIAL/BUSINESS: _____GENERAL ____CENTRAL
   _____INDUSTRIAL/MANUFACTURING: _____LIGHT _____HEAVY

   BUILDING USE:_____
4. DIMENSIONS OF BUILDING
   A_____ STORY _____FEET IN HEIGHT, BY_____FEET IN LENGTH_____FEET IN WIDTH
5. SITUATED ON THE_____SIDE OF_____STREET.
6. ESTIMATED COST $_____
7. BASEMENT_____
8. USABLE FLOOR SPACE DESIGNED FOR LIVING QUARTERS:
   FIRST FLOOR _____SQ FEET
   SECOND FLOOR_____SQ FEET
9. CONTRACTOR
   NAME_____
   ADDRESS_____ PHONE _____

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

APPLICANT_____ _____, 20_____
(SIGNATURE) (DATE)

*COMMERCIAL BUILDING PERMITS AND INSPECTIONS ARE DONE BY THE RICHLAND COUNTY BUILDING DEPARMENT (419-774-5527) WHILE PLUMBING PERMITS AND INSPECTIONS ARE DONE BY THE RICHLAND COUNTY HEALTH DEPARTMENT (419-774-4520).

FAX: 419-774-6317 E-MAIL: permits@richlandcountyoh.us

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 ACCORDANCE WITH THE VILLAGE OF MONROEVILLE ZONING ORDINANCE AND IS HEREBY_____.

VILLAGE OF MONROEVILLE, HURON COUNTY, OHIO _____
ZONING INSPECTOR

DATE APPLICATION RECEIVED_____, 20___. DATE APPLICATION RULED ON_____, 20___.

FEE PAID $_____ ZONING DISTRICT_____

IF APPLICATION REFUSED, REASON FOR REFUSAL_____
_____
_____

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)**

STREET

STREET

STREET

SIGNATURE OF APPLICANT

DATE

VILLAGE OF MONROEVILLE, OHIO

BUILDING/ZONING PERMIT

SUBCONTRACTORS LIST

Provide information listed below for all subcontractors performing work in association with the above referenced permit number. (Please Print)

1. Company Name _____ Contact Person _____

   Address _____

   Phone # _____ Fax# _____

   Emergency Phone # _____ Email _____

   Trade _____ Estimated Contract Amount _____

   Monroeville Contractors Registration # _____ Fed ID# _____

2. Company Name _____ Contact Person _____

   Address _____

   Phone # _____ Fax# _____

   Emergency Phone # _____ Email _____

   Trade _____ Estimated Contract Amount _____

   Monroeville Contractors Registration # _____ Fed ID# _____

3. Company Name _____ Contact Person _____

   Address _____

   Phone # _____ Fax# _____

   Emergency Phone # _____ Email _____

   Trade _____ Estimated Contract Amount _____

   Monroeville Contractors Registration # _____ Fed ID# _____

4. Company Name _____ Contact Person _____

   Address _____

   Phone # _____ Fax# _____

   Emergency Phone # _____ Email _____

   Trade _____ Estimated Contract Amount _____

   Monroeville Contractors Registration # _____ Fed ID# _____