

# APPLICATION FOR ZONING PERMIT

## Falls Township

STREET and HOUSE NUMBER OR LOCATION \_\_\_\_\_

ALTERATION \_\_\_\_\_ ADDITION \_\_\_\_\_ NEW BUILDING \_\_\_\_\_

BUILDING TO BE USED FOR \_\_\_\_\_

LOT NO. \_\_\_\_\_ OF \_\_\_\_\_ ADDITION \_\_\_\_\_

OWNER OF LOT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER OF BUILDING COVERED BY THIS PERMIT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ARCHITECT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF CONSTRUCTION: WALLS \_\_\_\_\_ ROOF \_\_\_\_\_

FOUNDATION \_\_\_\_\_ FLOORS \_\_\_\_\_

SIZE OF BUILDING \_\_\_\_\_

STORIES \_\_\_\_\_ NO. OF ROOMS \_\_\_\_\_ FULL OR PARTIAL BASEMENT \_\_\_\_\_

WILL BUILDING BE ERECTED ON SOLID OR FILLED GROUND \_\_\_\_\_

WILL PREMISES BE CONNECTED TO SANITARY SEWER \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION \_\_\_\_\_

The owner of this building, and the person or firm signing this application does hereby covenant and agree to comply with all laws of the State of Ohio and the Resolutions of Falls Township Trustees, pertaining to building and buildings, and that he will construct the proposed building or structure, or make the proposed changes, alterations or additions in accordance with the plans and specifications submitted herewith and as approved for construction, and does certify that the information and statement given on this application, the drawings and specifications are correct and true to the best of their knowledge.

The following data are to be furnished with the application in duplicate:

- (a) Lot plan, drawn to exact scale, showing dimensions and shape of lot, setback lines, easements, etc.,; and location or proposed building covering by permit application and any other building or structure now located on same lot.

The undersigned hereby makes application for permit to construct the building, addition, alteration described above, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

REMARKS:

PERMIT NO. \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_

PERMIT EXPIRES \_\_\_\_\_

AMT. FEE PAID \_\_\_\_\_

BY \_\_\_\_\_

Zoning Inspector