

Village of Walbridge

Department of Zoning

Application for zoning permit

Granted permits will expire one year from date issued

Type or print in black or blue ink

Separate applications must be completed for each building erected. One set of plans and specifications must be filed with each application for a building and additions to dwellings or if required by the Zoning Inspector. These must be in sufficient detail that no misunderstanding will exist in respect to construction. Plans must include a plot plan showing information requested on this form. Contact information: Dept of Zoning 111 N. Main St Walbridge, Ohio 43465 419-666-1830 phone 419-666-7173 fax

Permit Fee \$ _____ **Paid by-** Cash, Check, Money Order, Credit Card **Date paid:** _____

Property Owner(s): _____

Property Owner Address: _____ City: _____ State: _____ Zip: _____

Property Address requiring Zoning Permit: _____ **Walbridge, Ohio**

Contractor/Business Name performing the work (if you are completing the work yourself write **self**): _____

Contractors/Business Address: _____ Phone: _____

Class of Work: New _____ Alteration _____ Addition _____ Demolish _____ Repair _____ Move _____

Description of work to be performed: _____

Size of Lot: _____ **by** _____ **Area** _____ **Type of Lot:** _____ **Alley:** _____

Size of Building: _____ **by** _____ **Extension:** _____ **by** _____ **Height:** _____ **Number of stories:** _____

Proposed Use: _____

Yards: Front _____ Rear _____ Left side _____ Right side _____

Water Supply: _____ **Sanitary Waste:** _____

Well or city

sewer, septic tank, other

Draw approximately to scale, below a plot plan, showing the following (a) lot dimensions (b) all existing buildings and new building or item to be erected (c) measurements of front, side and rear yards (d) distance of proposed building or item from existing buildings. Location and names of streets and alleys.

In consideration of the granting of this permit, I agree to wave the Village of Walbridge harmless from any and all damages. I do hereby agree to construct said work in all respects in compliance with the provisions of the statues of the State of Ohio and the Ordinances of the Village of Walbridge, and that all orders of the Zoning Inspector will be complied with. I certify that all statements made in this application are true and correct. I understand that the Zoning Inspector per local ordinance has up to 30 days from filing date to grant or deny this permit.

Signature of property owner or agent: _____ **Date:** _____ **Property Zoned:** _____

OFFICE USE ONLY

Zoning Inspector or Designee _____ **Granted** _____ **Denied** _____ **Date:** _____

Permit Number: _____