



RESIDENTIAL APPLICATION FOR ZONING PERMIT

PROJECT ADDRESS: _____

NAME OF APPLICANT _____

NAME OF PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home (____) _____ Cell (____) _____

CONTRACTOR NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home (____) _____ Cell (____) _____

PROPERTY PRESENTLY ZONED AS: _____

PROPOSED BUILDING OR ALTERATION TO PROPERTY: Check all that apply

REMODELING ___ NEW CONSTRUCTION ___ ZONING AMENDMENT ___ HOUSE ___ GARAGE ___

FENCE/HEIGHT _____ ABOVE GROUND POOL ___ INGROUND POOL ___ PORCH ___ DECK ___

PATIO ___ GAZEBO ___ SIDEWALK ___ DRIVEWAY ___ OTHER _____

On a separate sheet attach a list of other supplemental requirements or conditions that will be met or explain any points you feel need clarification.

NOTE: This permit shall be void if no construction is started or use changed within six months of the date of this permit.

NOTE: If the applicant is not the property owner, written permission from the property owner allowing the work on the property must be submitted with this application.

The undersigned applies for a zoning permit for the following use, said permit to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form, to submit plans drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. All additional permits required by other entities are the applicants' responsibility.

1111.03 Fee for Zoning Amendment is \$300.00 (07.21.08)

1113.03 Fee for Zoning Permit is \$50.00 (07.21.08)

APPLICANT SIGNATURE: _____ DATE: _____

Completed zoning applications with attachments can be emailed to zoning@jamestownohio.gov or dropped off at the Village Office at 84 Seaman Dr. Jamestown, Ohio 45335.

(For Official Use Only)

DATE RECEIVED: _____ FEE PAID BY: CASH / CREDIT CARD / CHECK # _____

ACTION ON APPLICATION: APPROVED: _____ DENIED: _____

If denied, reason for denial: _____

Date of Action on Application: _____

Signature: _____

Village of Jamestown Zoning Inspector