

**VILLAGE OF NORTH FAIRFIELD
APPLICATION FOR ZONING PERMIT
3 EAST MAIN ST. PO BOX 188
NORTH FAIRFIELD, OH 44855**

OWNER
NAME: _____

PHONE _____

<i>OFFICE USE ONLY</i>	
PERMIT NO.	_____
DATE:	_____
TYPE:	_____
PRICE:	_____

IMPORTANT - Applicant to complete all items in section s: I, II, III, IV, and V

I	LOCATION OF BUILDING	AT (LOCATION) _____ ZONING DISTRICT _____ <small>(NO.) (STREET)</small> SUBDIVISION _____ LOT _____ LOT SIZE _____ PARCEL NO. _____ EXISTING USE OF PROPERTY _____
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II. TYPE AND COST OF BUILDING - All applicants complete Part A - D

A. TYPE OF IMPROVEMENT

1. New Residential Building
2. Residential Addition
3. Residential Alteration
4. New Commercial Building
5. Commercial Addition
6. Commercial Alteration
7. Electrical
8. Garage
9. Garage Addition
10. Utility Building
11. Swimming Pool
12. House Moving
13. Demolition
14. Sign
15. Home Occupation
16. Temporary Sales

B. PROPOSED USE - for "wrecking" most recent use

Residential

17. One family
18. Two or more family
enter no. of units _____
19. Transient hotel, motel, or dormitory
enter no. of units _____
20. Garage
21. Carport
22. Other - Specify

Nonresidential

23. Amusement, recreational
24. Church, other religious
25. Industrial
26. Parking garage
27. Service station, repair garage
28. Hospital, institutional
29. Office, bank, professional
30. Public utility
31. School, library, other educational
32. Stores, mercantile
33. Tanks, towers
34. Other - Specify

C. OWNERSHIP

35. Private (individual, corporation, nonprofit institution, etc.)
36. Public (Federal, State, or Local government)

V. SITE OR PLOT PLAN – For Applicant Use

VI. EXAMINER'S NOTES

FOR OFFICIAL USE ONLY

ZONE	_____
LOT AREA	_____
FRONTAGE	_____
FRONT SETBACK	_____
REAR SETBACK	_____
SIDE SETBACK	_____
SQUARE FOOTAGE	_____
HEIGHT	_____

VII IDENTIFICATION – To be completed by all applicants

- | | | |
|-----------------------------|-----------------------------|------------------------------------|
| 1. Property Owner or Lessee | _____ Mailing address _____ | () _____ - _____
Telephone No. |
| 2. Contractor | _____ Mailing address _____ | () _____ - _____
Telephone No. |
| 3. Architect or Engineer | _____ Mailing address _____ | () _____ - _____
Telephone No. |

I hereby certify that the information contained within this application is the truth to the best of my knowledge and agree to conform to all applicable laws of this jurisdiction.

_____ Signature of Property Owner	_____ Address	_____ Application date
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VIII. VALIDATION

Zoning Permit number	_____
Zoning Permit issued	_____
Zoning Permit Fee	_____

Approved by:

TITLE

Zoning Permits shall expire and may be revoked if work has not begun within one (1) year or is not substantially completed within two and one-half (2.5) years from the date of the issuance of the permit.