Application for Building Permit

Application Number_	
	Year-month-day

Village of Waynesfield 300 N. Westminster Street PO Box 128 Waynesfield., Ohio 45896

RETURN COMPLETED APPLICATION TO VILLAGE FISCAL OFFICER

The undersigned applies for a Building Permit for the following use. Said permit to be issued on the basis of the information contained with this application. The applicant hereby certifies that all information contained within this application is true and correct. This application must be completed and approved by the Zoning Inspector_before beginning construction.

1. L	ocation Desc	ription:					
	Address:			Parcel ID Number(s)			
2. N a	me of Owner	(as it appears o	n deed):				
	Mailing Add						
	Phone Number: Home						
	Work						
	Estimated Cost:			Builder:			
		y zoned as:					
5. Pro p	oosed Use:	Number of R New Constru	esidential Units		Industrial Accessory Building(s) Remodeling attach drawing)		
6. Proposed date of Completion							
7. Lot:	Width	Depth		Area	 :		
8. Building size: (square feet)							
	Residential:	Living Area:	sq. ft	Garage	Basement		
Business			Industrial:		Accessory Bldg		

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9. Building Heights:		Stories:	Feet	-1110E						
10. Yard Setback Dim	nensions:	Front:	<u> (1.075-1109-21-30702)</u>	Rear						
		One Side:	Sun	n of Side Yards:_	contro l					
11. Accessory Buildin	ng Dimensions:	Height	Size							
12. Number of off-str	12. Number of off-street parking spaces to be provided									
13. Number of off street loading berths to be provided										
14. 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.										
15 By signing this Agreement you are responsible for maintaining a clean road. If the Village finds it										
necessary to perform road cleaning, the applicant will be charged accordingly.										
Note: This permit SHALL be void if work is not started within six (6) months or completed within two (2) years										
Signature of Owner:				Date:						
(FOR OFFICIAL USE ONLY)										
Date received	Ву		Fee p	aid: Date:	Amt:					
Date of Action on application		_ Approved:	Denied							
If application is denied, reaso	n for denial:									

Zoning Inspector name:Zoning Inspector signature:										
Outside In Figure 1 Office (1912)										
Original: Fiscal Officer (file) Copy: Zoning Inspector	Planni	ng Commission.	Property Ow	ner/Applicant						

Creation Date: 4-2022. Approval: 4-28-2022