

PERMIT NUMBER _____

DATE _____

AMOUNT PAID _____

VILLAGE OF BYESVILLE APPLICATION FOR BUILDING PERMIT

The Applicant shall submit a copy of this form along with any supplementary material, to the office of the Clerk of the Village of Byesville for further information related to the application process. Please refer to the zoning ordinance for any clarification. Applications shall include a fee specified by ordinance. All new applications must be submitted by the 2nd Monday of the month to be considered by the Board of Zoning Appeals for that month.

Permit Type: Building___ Deck___ Fence___ Swimming Pool___

Applicant Information:

Name: _____ Telephone: _____

Address for Improvement or Alteration: _____

Contractor Information:

Name: _____

Telephone: _____

Address: _____

Existing Zoning of Property: _____

Suburban Residential___ Old Village Residential___ Manufactured Home___ Apartment___

Community Business___ Downtown Enterprise___ Industrial___ Special Use___

Construction must begin with six months of permission date and be completed within one year of permit issue date. Attach a drawing of the property showing dimensions of existing lot and structures along with dimensions from the property line. Show proposed building or alteration plans with dimensions and locations.

I certify that the information and facts provided on and with this application are true and correct.

Applicant Signature _____ Date _____

Approved___ Disapproved___

Village Administrator Signature _____ Date _____

Building Inspector Signature _____ Date _____

Action Taken or Remarks:

PERMIT NUMBER _____

DATE _____

AMOUNT PAID _____