

PERMIT NUMBER _____
DATE _____
AMOUNT PAID _____ Cash ____ Check # _____

VILLAGE OF BYESVILLE APPLICATION FOR BUILDING PERMIT

Please return the application to office of the Fiscal Officer at Village Hall. Application fee must be paid at the time of submission. Construction must begin with six months of the approval date and be completed within one year of the permit approval 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.**

Permit Type: Commercial _____ Residential _____
Building__ Deck/Porch ____ Fence____ Swimming Pool____ Storage Building/Shed ____

Please provide a brief summary of your project: _____

Property Owner Information:

Name: _____ Telephone: _____

Project Address: _____

Contractor Information:

Name: _____ Telephone: _____

Existing Zoning of Property (circle one), leave blank if unknown: SR OVR MH AR CB DE IN SU

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

Applicant Signature _____ Date _____

<p>Village office use only</p> <p>Date Submitted: _____ Reviewed by: _____</p> <p>Additional information:</p> <p>Approved _____ Declined _____ Date _____</p> <p>Zoning Inspector: _____ Date _____</p> <p>Village Administrator: _____ Date _____</p>
