

**CITY OF GREENVILLE, OHIO
DEPARTMENT OF PUBLIC SERVICE
ZONING PERMIT**

FEE \$ _____

RECEIPT NO. _____

DATE _____

The undersigned hereby applied for a permit to ALTER / ERECT a structure as herein described. The execution of this application shall constitute an agreement to abide by all conditions herein contained, and to comply with all Ordinances of the City of Greenville, Darke County, and laws of the State of Ohio relating to the work to be done hereunder.

INFORMATION TO BE FILLED OUT / SUPPLIED BY APPLICANT

Owner _____ Phone _____ Fax _____

Owner=s Address _____

Contractor _____ Phone _____ Fax _____

Contractor=s Address _____

Address of Project _____ Parcel ID No.: # _____ Lot # _____

Nature of Work: (Check One)

<input type="checkbox"/>	House	<input type="checkbox"/>	Pool	<input type="checkbox"/>	Apartments # of Units	<input type="checkbox"/>	Commercial Addition/Accessory
<input type="checkbox"/>	Residential Addition/Attached Garage	<input type="checkbox"/>	Fence	<input type="checkbox"/>	Sign(s) # of Signs	<input type="checkbox"/>	Industrial New
<input type="checkbox"/>	Detached Accessory(Residential)	<input type="checkbox"/>	Satellite Dish/Antenna	<input type="checkbox"/>	Commercial New	<input type="checkbox"/>	Industrial Addition/Accessory
<input type="checkbox"/>	Utility Building	<input type="checkbox"/>	Other				

Zoning District(s) _____ Is this land in the Special Flood Hazard Area (ref. Codified Ordinance 1450)? _____

Size _____ Existing Square Footage _____ Estimated Value (*STRUCTURE ONLY*) \$ _____

Use: Residential _____ Number of Families _____ Non-Residential _____ Name of Business _____

Applicant's Signature

NOTE: This application must be accompanied by a plat drawn to scale showing: (1) The actual shape and dimensions of the lot to be built upon. (2) The exact size and location on the lot of the proposed structure and of all buildings or other structures already located on the lot, making sure to show the distances from the property lines to the new structure.

PERMIT EXPIRES 1 YEAR FROM DATE OF APPROVAL

DO NOT WRITE IN SPACE BELOW - TO BE COMPLETED BY CITY OFFICIALS

INSPECTED BY: _____

Comments _____

Additional Permits Required:

<input type="checkbox"/>	Curb Cut	<input type="checkbox"/>	Darke County Building Inspection Permit / State Building Permit
<input type="checkbox"/>	Curbs & Gutters	<input type="checkbox"/>	Sign Permit
<input type="checkbox"/>	Sidewalks / Drive Approach	<input type="checkbox"/>	Certificate of Zoning Compliance
<input type="checkbox"/>	Street Opening	<input type="checkbox"/>	Other

Application Rejected _____ Date _____ By _____ Safety/Service Director

Reason _____

Application Approved _____ Date _____ By _____ Safety/Service Director / Mayor or Planning & Zoning Commission Secretary