

Village of Ashville P.O. Box 195 200 East Station Street

Ashville, OH 43103 Office: 740-983-6367 • Fax: 740/983-4703

Email:<u>spemberton@ashvilleohio.gov</u> Direct: 740-983-6367 Option 1

Planning & Zoning Department PLANNING & ZONING PERMIT APPLICATION

Please print or type. All sections must be completed.

Demographic Inform	ation:
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	emographic inic	ninacion.					
1	Applicant's Name						
			Last		First		
2	Phone Number	Phone ()	-		Fax ()	-	
3	Email Address	www.		@			
4	Applicant's Address	3					
	1.1	Street		City/	Village	Zip	
5	Zoning Request Ad	dress					
	<u> </u>	Street		City/	Village	Zip	
6	Subdivision					•	
7	Lot Number						
8	Tax Parcel #	D					
		nust be provided and can be obtained	from your property tax bill or b	calling the Pickaway C	ounty Auditor's Office at 740	-474-4765 or at http	p://pickaway.iviewauditor.com/.)
P	<u>ermit Informatio</u>	n					
9	Zoned						
10	Present Use		11	Proposed	Use		
12	Type of Construction	n - check each one	and add dimer				
	•						
	To build a story			ea.	To build a fend		
	To build ax _	removable she	ed		To build a	X	deck/porch
	To build a x _	room addition			To build a	x	garage
	Change of Use and C				To install a		
	-	·		I		^	
4	Other						
13	Contractor's Name						
	Contractor's Contact						
			Last		First		
	Phone Number	Phone ()	-	F	ax () -		
	Email Address	www.	@				
	Contractor's Address						
		Stree	t	С	ity/Village	Zip	
	Contractor's License						
(1	If doing the work yourself,	indicate so. If contracti	ng, contact the Build	ding Departmer	nt at 740-983-7172	for any lice	ensing requirements.)
14	# of Dwelling Units						
15	Approximate Cost of	of Construction	\$				
16	Building & Lot Date	A Scaled Plot Pl		ded can be f	ound at http://ni	ckaway iyi	ewauditor com
	Corner Lot:						
17			NoCo				
18	Yard Setback Depths:					'ds: L	R
19	I hereby certify that						
20	And all information of	ontained in this appl	ication is true, ad	ccurate and o	complete to the	best of my	y knowledge
			Signature			Date	
			Signature			Date	
	Print or type name of signer						
PLEA	SE READ AND VERIFY B	SY SIGNATURE AND D		<u> </u>			
The fo	ollowing items are the appl	licant/property owner's r	esponsibility:				
	o assure that no structure						
	o locate and verify proper						
	om those property lines. Nay require the applicant to					ng records,	the Zoning Inspector
	o supply a legal description					equired	
а	 Legal description atta 	ched. Yes No					
4. T	o verify that the deed and	or plat does not contain	any restrictions ag	ainst such cons	struction activity.		
5. T	o follow the Home Owner	's Association (HOA) rul	es and regulations,	if applicable.			
	ssuance of a Village of Asl			OA's rules and	regulations.		
21	The Area Below is I						
	sheets Fees paid by?	Cash	•	-Check #:			
Fees	Collected \$		Mail-in	Walk-in	Date		
Date	sent to review						
	essed by:				Receipt #		
Floor	d Plain: Yes	Historic Distric	t: Yes	Subdiv	ision Grading P	lan to be	Uses: Yes
No No No No							
Certificate of Occupancy Granted : Yes No Temporarily							
If approved, this permit is conditioned upon obtaining all other required permits and is valid for a period of one year							
only. This permit will be revoked if construction is not started within one year and/or if construction is not							
completed within a two year period.							
On, this permit was approved / rejected							
Comments: If approved, this is to: check each one and add dimensions as indicated:							
If app	proved, this is to:					41	
	Certify the above ap						
	Certify the above applic	ation conforms, for stru	icture and construc	tion, with the l	atest zoning ordin	ance of the	village of Ashville
70:-:	a Inanactar Driet Ne			ning Ingases	or Cianatara		
Zoning Inspector Print Name: Zoning Inspector Signature:							



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Planning and Zoning

Email: spemberton@ashvilleohio.gov
Direct: 740-983-6367 Option 1
Building Department (Contracted)
Email: wrt@tooleinspectors.com

Office: 614-224-2300 Cell: 614-325-4603

Fax: 614-233-5812

Planning & Zoning/Building Department

General Contractor_____ License #____

Contractor Address_____

City______State____Zip____

CONTRACTOR & SUB-CONTRACTOR INFORMATION

Phone #	Mobile	Fax
Contact Person		
SUBCONTRACTOR INFO permit can be issued)	DRMATION (provide list – all subcontra	actors must be registered before a
TYPE OF WORK	CONTRACTOR DBA AND/OR NAME	LOCAL REGISTRATION #