

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



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

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

Planning & Zoning Department PLANNING & ZONING PERMIT APPLICATION

Please print or type. All sections must be completed.

	emographic Inforr							
1	Applicant's Name							
		•	Last			First		
2	Phone Number	Phone ()	-			Fax ()	-	
3	Email Address	www.		@		,		
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4	Applicant's Address	Street			C:t. /\/	illogo	Zin	
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5	Zoning Request Addr				0:. 4	eu	 -	
•		Street			City/V	illage	Zip	
6	Subdivision							
7	Lot Number							
8	Tax Parcel #	D	_	_	_			
		be provided and can be obtained from	om your property tax	hill or by calling the	Pickaway Co	unty Auditor's Office at 7/	0-474-4765 or at ht	tn·//nickaway iyiewauditor.com/)
D	ermit Information	20 promuou una cum 20 camou m	om your property tax	2 o. 27 oug	or romania, co	and the area of the area		p.//plonamajimonaaanomoniinj
9	Zoned							
10	Present Use			11 Pro	posed l	Jse		
12	Type of Construction	- check each one	and add di	mensions	as indi	cated:		
	To build a story sir	ngle family home as	per plans si	innlied		To build a fen	ce	
			· · · · · · · · · · · · · · · · · · ·	арриса.				do al /n a rah
	To build ax		u					deck/porch
	To build ax	room addition				To build a		
	Change of Occupancy _					To install a	x	pool
	Other				. L			
13	Contractor's Name							
ıs		1						
	Contractor's Contact							
		15	<u>L</u> ;	ast		First		
	Phone Number	Phone ()	-		Fa	x () -		
	Email Address	WWW.		@				
	Contractor's Address							
		Street			Cit	y/Village	Zip	
	Contractor's License							
(If doing the work yourself, inc	dicate so. If contracting	g, contact the	Building De	partment	at 740-983-717	2 for any lice	ensina requirements.)
14	# of Dwelling Units		<u>J</u> ,					<u> </u>
15	Approximate Cost of	Construction	\$					
				No. 21. 1		. 1 - (1 () . // .		'a Process
16	Building & Lot Date							
17	Corner Lot:	Yes(C)	No	Corner l	_ots ha	ve two front y	ard setba	icks
18	Yard Setback Depths:	Front Yard:	(C) Rear Ya	ard:	Side Ya	rds: L	R
	Yard Setback Depths: Front Yard: (C) Rear Yard: Side Yards: L R I hereby certify that I am the (select one) Owner Agent for the Owner And all information contained in this application is true, accurate and complete to the best of my knowledge							
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Village of Ashville P.O. Box 195 200 East Station Street Ashville, OH 43103



Office: 740/983-6367 • Fax: 740/983-4703

Planning and Zoning

Email: atrimmer@ashvilleohio.gov
Direct: 740/983-6367 Option 1

Building Department (Contracted) Toole & Associates

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 #		