

APPLICATION FOR ZONING PERMIT PAYNE OHIO

Application Number: _____ (Official Use)

Parcel Number _____ Section Number: _____

The undersigned hereby applies for a Zoning Permit for the following use, to be issued based on the representations contained herein, all which applicant states are true.

Complete all the questions below 1-11. Return this application to the Village of Payne Ohio P.O Box 58 (119 N Main St) Payne, Ohio 45880 with your application fee.

Cell Phone# _____

1) Signature of applicant _____ Phone # _____

2) Email address: _____

3) Address of applicant: _____

4) Name of Landowner: _____

5) Occupant of property: _____

6) Location of improvement site: _____

7) Proposed use of property: If residence, state number of families ____, Business, Yes __ No __, Signs/ Board the size of sign and where sign will be placed _____ (attach blueprint of sign).

8) Description of what is being done, remodel, shed, fence, etc.: _____

Company doing the work: _____ Business Phone#: _____

Attach plans drawn to scale or blueprints showing actual dimensions and the shape of lot that work is being done on. Exact location of existing buildings on the lot and location and dimensions of the building or alterations.

9) Cost of work being \$ _____ 10) Date Work Will Be Completed: _____

11) Property/homeowner is responsible for locating all property pins before beginning any work. The municipality assumes no responsibility for property boundary identification. Initial here after reading: _____

County Engineer's Office Checks for Flood Plain

FF.E.M.A. Map Panel# _____ Development Involved w/Zone A _____

Flood Hazard Area Permit _____ Permits from Health Department _____

Initials fr. C. Eng. Office _____

Upon the basis of Application No. _____, the statements in which are made a part hereof, the proposed usage _____ found to be in accordance with the Village Zoning Ordinance and hereby _____ (approved or rejected) for the Village of Payne Ohio.

If Zoning Application Permit is refused, reason for refusal _____

Fee:\$ _____ Paid Date: _____

Date Application Received: _____

Village of Payne Zoning Inspector: _____

Zoning Inspector Tom Sinn may be contacted at 419-439-4890

