

Application for Zoning Permit

Village of Clifton, Greene/Clark Counties, Ohio

Tax Parcel No.: _____

Date: _____

The undersigned hereby applies for a zoning permit for the following use described, based on the information provided herein, all of which the applicant swears to be true:

Location of property: _____

Name(s) of Owner(s)/Applicants: _____

Address of owners/Applicants: _____

Phone: _____ email address: _____

Name of Occupant: _____ Phone: _____

Existing use: _____ Proposed use: _____

Please provide a drawing of lot showing road frontage, existing structures, and proposed construction. Include the least distance of all structures from property lines and all distances of proposed construction from property lines. (Draw here or attach drawing.)

Height of the proposed structure above average grade: _____

Use of proposed structure: _____

Estimated cost of proposed construction: _____

Remarks:

Applicant Signature: _____

Zoning Inspector: _____ Signature: _____

Fee: _____ Permit granted: _____ Fee paid: _____

This permit is valid for one year after the date granted.