

Mt. Orab 211 South High Street • P.O. Box 466 • Mt. Orab, OH 45154 Phone: (937) 444-4141 • Fax: (937) 444-3115

COMMERCIAL ZONING PERMIT APPLICATION

DATE _____ / _____ / _____

OWNER NAME (please print)

ADDRESS FOR PERMIT REQUESTED_____

PHONE # (_____)

A DRAWING AND OR/SITE PLAN SHOWING WHERE THE STRUCTURE/PROJECT WILL BE LOCATED ON THE PROPERTY IS REQUIRED. MEASUREMENTS FROM THE STRUCTURE/PROJECT TO THE FRONT AND REAR PROPERTY LINES, ALONG WITH BOTH SIDE PROPERTY LINES ARE REQUIRED ON THE DRAWING. STRUCTURE AND DRIVEWAY LOCATIONS NEED TO BE MARKED BEFORE INSPECTION.

TYPE OF ZONING PERMIT REQUESTED CHECK ONE:

MULTI-FAMILY DUPL	EXTRIPLEX OTHER	۱ <u>ــــــ</u>
BUSINESS	SITE PLAN SUBMITTED	
SIGN(S)	SITE PLAN SUBMITTED	
BUSINESS () OTHER		
STRUCTURE MEASUREMENTS	WIDTH LENGTH	HEIGHT
CONTRACTOR	PHONE ()	

COST OF PROJECT \$ _____

ALL DRIVEWAY AND DITCH PIPE MUST BE A MINIMUM OF (12") IN DIAMETER. GALVANIZED OR CORRUGATED PIPE MAY BE USED. PLASTIC PIPE MAY BE USED IF DOUBLE WALLED AND SMOOTH ON THE INSIDE. (PER HANCOR HI-Q PIPE SPECIFICATIONS.)

THE PROPERTY OWNER OR CONTRACTOR IS RESPONSIBLE FOR RESTORING ALL DITCHES THAT TOUCH THEIR PROPERTY AND THEY MUST DRAIN PROPERLY.

THIS PERMIT IS VALID (6) MONTHS FROM _____/ ____/ _____.

*Zoning permits must be issued PRIOR to construction or installation.

*Zoning permits DO NOT take the place of building permits. It is the responsibility of the owner/contractor/engineer to obtain proper building permits necessary for the project applied for. Clermont County Permit Central (513)-732-7213

APPLICANT SIGNATURE

PERMIT NO #_____

