



ZONING PERMIT APPLICATION

City of Englewood

333 W. National Rd., Englewood, OH 45322
Phone (937) 836-5106 Fax (937) 836-7426



Project Location: _____

Applicant: _____

Phone:	Cell:	Fax:	E-mail:
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Contractor:	Contact:
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Address:	City:
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State:	Zip:	Phone:	Fax:	E-mail:
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Description: _____

Size:	Cost:
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Lot Street Frontage:	Building Street Frontage:
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Existing Signs:	Setback from Right of Way:
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Temp. Sign: Max sign area 16 sq. ft. Fee:\$20.00 Bond:\$30.00 bond will be forfeited if sign is not removed (entire unit including letters) within 1 day (24 hours) of time limited for display. **Valid for 14 days.**

New _____	Replacement _____	Alteration _____	Demolition _____	Accessory Structure _____	Fence _____
Temp. Sign _____	Sign _____	Concrete _____	Asphalt _____	Curb _____	Drive Approach _____
Driveway _____	Irrigation _____	Water/Sewer _____	Street/Curb Cut _____	Public Utilities _____	Other _____

In consideration of the issuance of this permit, the owner and his agent or contractor do hereby covenant and agree to comply with ALL laws of the State of Ohio Building and Zoning Ordinance of Englewood, Ohio, and to install the proposed building and/or work, or make the proposed change or alteration or do the work described above, in accordance with the plans and specifications and approved by the Code Enforcement Officer, and certify that the information and statements given on this application and the accompanying drawings and specifications are true and correct to the best of their knowledge. The undersigned represents, by signature hereon, that: 1) the information above is correct to the best of his/her knowledge; 2) that he/she is properly authorized to act on behalf of the property or business interests represented; and 3) that no activity or use of the subject property will be made beyond the uses sanctioned hereby without issuance of a subsequent zoning use permit.

Application By _____ Signature _____

OFFICE USE ONLY

Board of Appeals case # (if applicable): _____

Fee: _____ Zoning Official: _____ Date: _____ Start Date: _____

Permit# _____ Receipt# _____ Type of Sign: _____ Business: _____

Type of Bond: **CASH** Applicant's Name and Address: _____

Release Bond: _____ Forfeit Bond: _____ Date: _____ Approved for Release By: _____

Is this a corner lot?

Yes

No

ON THE DIAGRAM BELOW SHOW THE LOCATION OF THE PROJECT, THE DIMENSIONS INDICATED BY THE ARROWS AND ANY OTHER INFORMATION PERTENENT TO THIS PERMIT

