

Village of Fayette

Application for Zoning Permit

PERMIT FEE: RESIDENTIAL \$20.00; ALL OTHERS \$10.00 FOR FIRST \$1,000 OF ESTIMATED COST OF CONSTRUCTION PLUS \$1.00 PER EACH ADDITIONAL \$1,000 COST, MINIMUM OF \$20.00. ALL COSTS ACTUALLY INCURRED FOR INSPECTION AND INVESTIGATION OF THE APPLICATION ARE ADDITIONAL AND PAYABLE PRIOR TO APPROVAL.

Application No. _____ Date _____
Property Owner _____ Home/Cell Phone _____
Mailing Address _____ Property Address _____
Subdivision _____ Parcel Number _____
Existing Use _____ Zoned As _____
Lot Dimensions _____ Lot Area _____
Number of Units _____ Proposed No. Units _____
Construction: (Check all that apply) Email Address _____

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> New Principal Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> New Accessory Building | <input type="checkbox"/> Private Pool | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Fence | <input type="checkbox"/> Other _____ |

Proposed Use of New Structure

- | | | |
|--|---|--|
| <input type="checkbox"/> Residential Dwelling | <input type="checkbox"/> Private Garage | <input type="checkbox"/> Other Residential Accessory Use |
| <input type="checkbox"/> Other Residential Allowed Use | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |

Describe Use for Other Residential, Commercial or Industrial _____

Dimensions of Current Principal Bldg. _____ Height _____

Dimensions of Proposed Structure _____ Height _____

Proposed No. of Off-Street Parking Spaces _____ Estimated Cost _____

Application requires attached plans drawn to scale depicting lot shape and dimensions, as well as all structures currently present and proposed, building dimensions, including height, distance from lot lines as well as dimension and placement of parking spaces. Addition information may be required as requested by the Zoning Inspector.

The Applicant hereby certifies all information on this form and attachments are true and accurate.

Signature _____

If marked as Approved by the Zoning Inspector this application shall constitute your permit. It shall not be considered as a Certificate of Occupancy. Permits are void if construction is not begun within six months or completed within one year of issuance.

Contact Ohio Utilities Protection Service (OUPS) at 1-800-362-2764 to locate buried utilities at least 48 hours before any excavation

Office Use Only

Date Received _____ Date Action Taken _____ Fee Collected _____

☐ APPROVED ☐ DENIED Reason for Denial _____

Zoning Inspector Signature _____