APPLICATION FOR THE VILLAGE OF ASHVILLE ZONING PERMIT ☐ BUILDING PERMIT ☐

APPLICANT'S NAME: ____PHONE #_______________________

ADDRESS: ____

SUBDIVISION: ____ LOT# _____________________________

TAX PARCEL # : D _ _ - _ - _ _ _ - _ _ - _ _ _ - _ _
(Tax parcel information must be provided and can be obtained from your property tax bill or by calling the Pickaway County Auditor's Office at 474-4765.
****

ZONED: ________ PRESENT USE: ________ PROPOSED USE: _______

CONTRACTOR'S NAME: _____________________________________LICENSE # ________________________
(If doing the work yourself, indicate so. If contracting. Contact the Building Department at 477-8282 for any licensing requirements.)
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BUILDING AND LOT DATE: A SCALED PLOT PLAN MUST BE PROVIDED CORNER LOT: YES/NO

TYPE OF CONSTRUCTION:

- □ **To build a ____ story single family home as per plans supplied.**
- □ **To build a ______ x ______ deck/porch**
- □ **To build a ______ x ______ garage**
- □ **To build a ______ x _______ room addition**
- □ **OTHER ____**
- □ **To build a fence**
- □ **To build a ______ x ______ removable shed**
- □ **To install a ______ x ______ pool**
- □ **Change of Occupancy __________________**

 # OF DWELLING UNITS: ________________ APPROXIMATE COST OF CONSTRUCTION:_______________

<u>YARD SETBACK DEPTHS:</u>

FRONT YARD: __________ REAR YARD: _____________ SIDE YARDS: L __________ R _______________
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THE PROPERTY OWNER/APPLICANT MAY BE REQUIRED TO SUPPLY A LEGAL DESCRIPTION OF THE PROPERTY, AS RECORDED IN THE PICKAWAY COUNTY RECORDER'S OFFICE. LEGAL DESCRIPTION ATTACHED. YES / NO
****

PLEASE READ AND VERIFY BY SIGNATURE AND DATE

The following items are the applicant/property owner's responsibility:

1. **Assure that no structure is built on any public easement or right-of-way.**
2. **Locate and verify property lines to assure that the plot plan submitted with this application accurately reflects the setback dimensions from those property lines. Where complete and accurate information is not readily available from existing records, the Zoning Inspector may require the applicant to furnish a survey of the lot. Survey must be completed by a registered surveyor.**
3. **Verification that the deed and/or plat does not contain any restrictions against such construction activity.**

By signature, I hereby attest to the truth and exactness of all information provided above.

Date: _________________ Signature: ____

Please print name: ____

DO NOT WRITE BELOW THIS LINE
****

FEE COLLECTED: $_____________________ DATE: __________________ BY: _____RECEIPT #__________
FLOOD PLAIN: YES / NO HISTORIC DISTRICT: YES / NO
SUBDIVISION GRADING PLAN TO BE USES: YES / NO
CERTIFICATE OF OCCUPANCY GRANTED: YES / NO / TEMPORARILY

If approved, this permit is conditioned upon obtaining all other required permits and is valid for a period of one year only. This permit will be revoked if construction is not started within one year and/or it construction is not completed within a two year period.

On ___________________________, this permit was approved / rejected

Comments: ____If approved, this is to

☐ Certify the above application conforms, for use, with the latest zoning ordinance of the Village of Ashville
☐ Certify the above application conforms, for structure and construction, with the latest zoning ordinance of the Village of Ashville

ZONING INSPECTOR: _______________________________________