

Village of Ada, Ohio ZONING PERMIT APPLICATION

Michael Harnishfeger, Zoning Inspector
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Date of Request:		Permit #:	
Type of Permit Requested:			
Property Owner:		Telephone #:	
Address of Owner:		City:	State: Zip:
Applicant (if other than owner):		Telephone #:	
Address of Applicant:		City:	State: Zip:
Permit Location:			
Subdivision and Parcel #:			
Lot Size:		Lot Area:	
Zoning District:		Proposed Use:	
Building Height:	Building Width:	Building Length:	
Type of Construction:		Lot Area Coverage for Structure:	
Yard Frontage:	Yard Rear:	Yard Side:	Yard Side:
Encroachment:	Off Street Parking Spots Required:	Off Street Parking Spots Provided:	
Description of Signs:		Number of Signs Requested:	
Variance Requested:			
General Contractor:		Telephone #:	
Estimated Cost of Project:		Estimated Date to Begin Project:	

I _____, certify that all of the information contained on this application and any supplements are true and correct.

Signature of Applicant

For Zoning Inspector Use Only:

Date Received:		Date Reviewed:		Date Approved:	
Constr/Alter Fees:	Demo/Move Fees:	Other Permit Fees:		Constr/Demo Deposit:	
Total Permit Fees:				Total Deposits:	