

Madison Village, Ohio

Zoning Permit Application

Name Of Property Owner: _____ Property Address: _____

City/Zip: _____ Phone # _____

Type of Permit: _____

Contractor Name: _____ Property Address: _____

City/Zip: _____ Phone # _____

Fed. I.D #/SSN: _____ Contractor Registration Received:

Signature of Applicant: _____ Date: _____

Every application for a zoning certificate shall be accompanied by a plot plan drawn to scale and such other plans as necessary to show the use, location and/or type of buildings to be erected or alterations to be made.

****FOR OFFICE USE ONLY****

ZONING INSPECTOR

Date: _____

Approved: _____

Denied: _____

BOARD OF ZONING APPEALS

Date: _____

Approved: _____

Denied: _____

PLANNING & ZONING COMMISSION

Date: _____

Approved: _____

Denied: _____

Zoning Permit Number: _____

Permit Date: _____

Zoning Fees: _____

It is the responsibility of the applicant to determine the need for any other permitting or required review from other agencies i.e. Lake County Building Dept., Lake County General Health District, Madison Fire District, Ohio EPA. Etc.