

Council:
Ariel Isaacs
Dottie Scott
Krissy Kauf

Tina Killion
Tom Dilgard

Mayor:
John R. Benshoff

Fiscal Officer:
Leighanna Cawrse

Zoning Inspector:



**VILLAGE OF BAILEY LAKES
GENERAL ZONING PERMIT APPLICATION**

OWNER / APPLICANT INFORMATION:

Property or Business Owner	Phone Number	Email	
Street Address	City	State	Zip Code
Name of Applicant <i>(if different from Owner)</i>	Phone Number	Email	
Property / Project Address	City	State	Zip Code

ZONING PERMIT CATEGORY:

PLAN/DRAWING:

PROPERTY TYPE

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Alteration / Repair |
| | <input type="checkbox"/> Demolition |

CHECK PERMIT(S) APPLIED FOR:

PERMIT TYPE

- | | |
|---|--|
| <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Temporary Use |
| <input type="checkbox"/> Residence | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Utility Building | <input type="checkbox"/> Deck/Porch |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Car Port |
| <input type="checkbox"/> Lot Split | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Other _____ | |

**OHIO LAW REQUIRES ALL EXCAVATIONS MUST BE REGISTERED IN ADVANCE WITH
THE OHIO UTILITIES PROTECTION SERVICE (O.U.P.S) @1-800-362-2764 OR 811**

APPLICANT SIGNATURE

I agree to comply with the Ordinances of the Village of Bailey Lakes and the conditions of this permit, and certify that the above information is accurate.

Applicant/Agent Signature

Date Filed

☐ Check if 501(c)(3) or other Non-Profit Organization

*** OFFICE USE ONLY ***				
LOT NUMBER(S)	PERMIT	DATE OF HEARING	DATE APPROVED	PERMIT NUMBER
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	COUNTY PROPERTY ID#	FEE PAID \$	AUTHORIZED BY