

**Council:**  
Ariel Isaacs  
Dottie Scott  
Krissy Kauf

Tina Killion  
Tom Dildard  
Justin Isaacs

**Mayor:**  
John R. Benshoff

**Fiscal Officer:**  
Leighanna Cawrse

**Zoning Inspector:**  
Patrick Miller



**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