

VILLAGE OF CRAIG BEACH, OHIO

APPLICATION FOR ZONING PERMIT TO INSTALL STORM WATER CONDUITS AND/OR DRIVEWAY CULVERT.

LOCATION ADDRESS: _____
PARCEL NUMBER: _____ LOT NUMBER: _____
Include additional lot numbers if needed: _____] _____] _____

PROPERTY OWNER: _____
Mailing Address: _____
Phone Number: _____ E-Mail: _____

CONTRACTOR: _____
Address: _____
Phone Number: _____ E-Mail: _____

LOCATION WHERE PIPE IS TO BE INSTALLED (Show on rear of application)

LINEAR FEET TO BE INSTALLED: _____

Must be at least 12" in diameter

CLEAN OUTS TO BE INSTALLED: _____

Must be at least every 40 feet

CATCH BASINS TO BE INSTALLED: _____

Must be on at least every street corner

It is understood and agreed by this application that any error, misstatement or misrepresentation of material facts, either with or without intention on part of the applicant, such as might, or would operate to cause a refusal of this application, or any material alteration or changes in the accompanying plans made subsequent to the issuance of a permit in accordance with this application, without the approval of the Zoning Inspector, shall constitute sufficient grounds for the revocation of such permit.

APPLICANT:

SIGNATURE: _____ DATE: _____

APPROVED: _____ DENIED: _____ ZONING INSPECTOR: _____

DATE: _____

Reason if denied or other comments: _____
