

219 Chestnut Street Swanton, Ohio 43558
P: 419.826.9515 | F: 419.825.1827
www.villageofswantonohio.us

Excavations for buildings or site improvements shall not be started, or buildings, structures, or parts thereof, shall not be erected, altered, or moved, until a proper zoning permit has been applied for and approved by the Village Administrator. Applicants must provide a drawn to scale plan showing actual dimension and shape of lot, exact sizes and locations of existing buildings on the lot, and locations and dimensions of the proposed buildings, structures, and/or alterations. The applicant shall verify any existing easement(s) and/or right of ways. A location survey by a licensed surveyor is not required but *strongly recommended*. It is not the duty of the Village of Swanton to enforce deed restrictions; this is a matter between the property owner and developer. A zoning permit shall be charged whether construction for appropriate structures are new or for alterations on an existing structure. Any permit issued upon false statement of any fact which is material to the issuance hereof, shall be void. All permit fees are non-refundable.

Accessory Structure or Shed

Property Information

Project Address:	:					
Property Owner:				Type of Application (Please check one):		
County: Fulton / Lucas Type of Lot: Inside / Corner / Irregular / Other			ılar / Other	Single Family Residential Commercial		
Parcel Number:				Multi-Family Residential Industrial		
			<u>Project Inf</u>	<u>ormation</u>		
		<u>Site location</u>	on and deta	led drawing rea	uired.	
	Type of Project: (Pl	ease check one):	Accessory S	tructure She	ed (on slab) She	ed (on skids)
Property Size: (N	Measuring from edge of	proposed structure to the	property lines.)	Dimensions of	proposed structure:	Cost of Construction:
ront:	feet	Side:	feet	Length:	feet	\$
				Width:	feet	Date of Construction:
Rear:	feet	Side:	feet	Height:	feet	Date of Construction.
				Total Square Feet:		
Applicant Information				Contractor Information (If Applicable)		
Name:	Name: Phone:			Name: Phone:		
Address:		Email:		Address:	Email	:
		<u> </u>				
				n Zoning Use Onl		
The signa	ature below authorizes	that the work was	APPROVED	DENIED as par	t of this application.	
Signature:				Date:		
Notes:				Variance Needed: Yes / No		
If construct	tion has been started	or completed prior to a	obtaining all ne	cessary permits, the	e normal fee will be <i>do</i>	<i>ubled</i> . The late fee shall not
		relieve the owner from	_	- ·		
	F	ee:				
		1.50 per \$1,000 of constru y (Up to 2 Units): \$100.00		Total Face		
Commercia		quare feet of area.	o nat lee plus	rotai rees:		
<u> </u>		or skid): \$10.00				
Applicant Sigi	nature – I certify that	the information contain	ined in this form	n and within any atta	achments are correct a	nd truthful and I agree to comp
_	ordinances of the Villa on and any other revie	_	stand that kno	wingly falsifying this	information may be g	rounds for the denial or revokin
	·	• •		Det		
Print Name:				Date:		

This permit shall expire and will be revoked if work has not begun within six (6) months from issuance or work has not been completed within two (2) years without requesting an extension.

Attach additional pages if necessary.