

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

Deck, Patio, or Pergola

Print Name:

Signature:

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.

Property Information

Project Address:							
Property Owner:				Type of Application	on (Please ch	eck one):	
County: Fulton / Lucas Type of Lot: Inside / Corner / Irregular / Other				Single Family F	Residential	Co	mmercial
Parcel Number:			Multi-Family Residential Industrial			lustrial	
			_	formation			
		<u>Site loca</u>		ailed drawing require	<u>ed.</u>		
roperty Size: (Measuring from edge of proposed structure to the property lines.)			Dimensions of proposed structure:			Cost of Construction:	
ront:	_ feet	Side:	feet	Length:	feet		\$
1	foot	C: da.	f	Width:	feet		
Rear:	_ feet	Side:	feet	Height <i>(above grade</i>	<i>e)</i> :		Date of Construction:
Distance of proposed	structure	- • 1. 1	•				
rom main building:		Fixed to hom Yes / No	e?	Height (top of struc	ture, if appli	icable):	
fee	t	163 / NO			feet		
	Applica	ınt Information		Contra	ctor Informa	ation (If A	pplicable)
Name:		Phone:		Name:		Phone:	
				rume.			
Address:		Email:		Address:		Email:	
		<u>Vill</u>	age of Swanto	n Zoning Use Only			
The signature b	elow autho	rizes that the work was	APPROVED	DENIED as part of	this applicat	on.	
Signature:				Date:			
Notes:			Variance Needed: Yes / No				
If construction ha	as been star		_	ecessary permits, the nor rith all provisions of the z		oe <u>double</u>	e <u>d</u> . The late fee shall not
		Fee:					
Commercial/Indus	strial/Multifa	\$1.50 per \$1,000 of constr amily (Up to 2 Units): \$10 00 square feet of area.		Total Fees:			

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.

