APPLICATION FOR ZONING PERMIT

For Business or Industrial Jamestown, Ohio

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required to submit a \$50.00 permit fee. The applicant is required, in addition to the information requested on this form to submit plans drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. Also required is a detailed description of the nature of the business or industry.

PROJECT ADDRESS:	-0.4			No.					
NAME OF APPLICAN	T								
MAILING ADDRESS:									
CITY:		STATE:		ZIP:					
PHONE: Home ()	Cell ()						
NAME OF PROPERTY OWNER:									
MAILING ADDRESS:									
CITY:		STATE:		ZIP:					
PHONE: Home (
CONTRACTOR NAME									
MAILING ADDRESS:_									
CITY:		STATE:		ZIP:					
PHONE: Home (
PROPERTY PRESENTLY ZONED AS:									
PROPOSED BUILDING OR ALTERATION TO PROPERTY: Check all that apply									
BUSINESS	INDUSTRY								
REMODELING									
FENCE HEIGHT	SIGN	SIDEWALK/	DRIVEWAY_						
OTHER (Explain)									
NUMBER OF OFF-STREET PARKING SPACES TO BE PROVIDED:									
NUMBER OF OFF-STR On a separate sheet attac	EET LOADING BE	RTHS TO BE PR	OVIDED:						

NOTE: This permit shall be void if no construction is started or use changed within six months of the date of this permit. NOTE: If the applicant is not the property owner, written permission from the property owner allowing the work on the property must be submitted with this application. For Commercial and Business applications, The Silvercreek Fire Department must have performed an assessment and completed the "Silvercreek Fire Department Assessment" section below prior to submission to the Jamestown Zoning Administrator. APPLICANT SIGNATURE: _____DATE: _____ (For Official Use Only) SILVERCREEK FIRE DEPARTMENT ASSESSMENT DATE RECEIVED:____ Complies with the National Fire Codes: Does not comply with the National Fire Codes: Explanation: Date of Review of Application:

Silvercreek Fire Department

explain any points you feel need clarification.

(Print Name)

(For Official Use Only)

(Signature)

JAMESTOWN ZONING OFFICE

DATE RECEIVED:		F	EE PAID:	
ACTION ON APPLICATION:	APPROVEI	D:	DENIED:	
If denied, reason for denial:				
Date of Action on Application:				
	_			Jamestown Zoning
Administrator				
			Robert Roach	
			937-675-8121	

Revised: January 20, 2014