

# APPLICATION FOR ZONING PERMIT

For Residential  
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, 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. The applicant is required to submit a \$50.00 permit fee.

PROJECT ADDRESS: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

PROPERTY PRESENTLY ZONED AS: \_\_\_\_\_

PROPOSED BUILDING OR ALTERATION TO PROPERTY: Check all that apply

REMODELING \_\_\_\_\_ NEW CONSTRUCTION \_\_\_\_\_ HOUSE \_\_\_\_\_ GARAGE \_\_\_\_\_

DECK \_\_\_\_\_ FENCE HEIGHT \_\_\_\_\_ SHED \_\_\_\_\_ POOL \_\_\_\_\_ PORCH \_\_\_\_\_

SIDEWALK/DRIVEWAY \_\_\_\_\_ OTHER \_\_\_\_\_

On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

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.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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(For Official Use Only)

DATE RECEIVED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

ACTION ON APPLICATION: APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

\_\_\_\_\_

Date of Action on Application: \_\_\_\_\_

\_\_\_\_\_

Jamestown Zoning Administrator

Les Cox  
937-768-0186

Revised: August 3, 2022