



Village of Lakemore

P.O. Box 455
1400 Main Street
Lakemore, Ohio 44250
Municipal Building
Phone 330-733-6125
Fax 330-733-3801

Please sketch:
Proposed work
Existing Dwelling
All Out Buildings
Driveway
Distance to all property lines

APPLICATION FOR ZONING AND / OR BUILDING PERMIT

Application is hereby made to construct a structure on premises described herein with the proper plans and drawings and specifications.

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

Application date _____ Zoning District _____ Estimated Value _____

Location _____

Zoning Permit Fee _____ Building Permit Fee _____

Owner's Name _____ Address _____ Phone No. _____

Contractor's Name _____ Address _____ Phone No. _____

Lot No. _____ Parcel No. _____

Describe Present use of Building and Land _____

Proposed work to be done in detail: _____

Applicant's Signature _____

Approved Denied

Zoning Inspector's Signature _____