



Permit Fee: \$ _____
Paid by: (check one)
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money
Order
Date Paid: _____

Village of Walbridge Department of Zoning
Application for Zoning Permit
Type or print in black or blue ink.

Separate applications MUST BE completed for EACH project or building erected. One set of plans and specifications must be filled out with each application and must include a plot plan showing the information requested on this form. Plans and specifications must be in sufficient detail that no misunderstanding will exist in respect to construction. For additional questions, please refer to the zoning code found on our website: <https://www.walbridgeohio.org> or contact the Department of Zoning at 419-666-1830, 705 N. Main Street, Walbridge, Ohio. Fax: 419-661-8458 or Email kamstutz@walbridgeohio.org.

Property Owner(s): _____

Property Owner Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Property Address requiring Zoning Permit: _____

Contractor / Business Performing the Work (if you are completing the work yourself, write SELF): _____

Contractor / Business Address: _____ Phone: _____

Class of Work (Check all that apply): ☐ New ☐ Alternation ☐ Addition ☐ Demolish ☐ Repair ☐ Move

Description of Work to be Performed: _____

Size of Lot: _____ by _____ Type of Lot (corner/inside/double): _____ Alley (front/back/side/none): _____

Size of Building: _____ by _____ Extension: _____ by _____ Height: _____ Number of Stories: _____

Proposed Use: _____

Yard Size: Front: _____ Rear: _____ Left Side: _____ Right Side: _____

Water Supply (well/city): _____ Sanitary Waste (sewer/septic/other): _____

Below or on back, draw to approximate scale, a plot plan showing the following: (a) lot dimensions, (b) all existing buildings and new building or item to be erected, (c) measurements of front, side, and rear yards, (d) distance of proposed building or item from existing buildings, (e) location and names of streets and alleys.

In consideration of the granting of this permit, I agree to waive the Village of Walbridge harmless from any and all damages. I do hereby agree to construct said work, in all respects, in compliance with the provisions of the statutes of the State of Ohio, the Ordinances of the Village of Walbridge, and the instructions of the Village Zoning Inspector. I certify that all statements made in this application are true and correct. I understand that the Zoning Inspector, per local ordinance, has up to 30 days from filing date to grant or deny this permit. Granted permits will expire one (1) year from the date issued.

Signature of property owner or agent: _____ Date: _____ Property Zoned: _____

OFFICE USE ONLY

Granted _____ Denied _____ Date: _____

PERMIT NUMBER: _____