

Fee: \$15.00
 Receipt # _____
 By: _____



CITY OF AVON

Building Department

36080 Chester Road · Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

Application for Zoning Permit ~ ZONING PERMIT PLAN REVIEW NUMBER _____

() Residential () Commercial () Industrial () Special Use () Variance

PROJECT DESCRIPTION / <i>The undersigned hereby applies for a permit to perform the following work:</i>		
<i>Total Square Footage (house /garage /other)</i>	<i>Construction Type:</i>	<i>Use Group:</i>
<i>Total Estimate Cost</i> \$	<i>(Note: This estimate will not affect cost of permit)</i>	

PROPERTY INFORMATION / JOB SITE	
<i>Address:</i>	
<i>Permanent Parcel Number:</i>	<i>Zoning Classification:</i>
<i>Development Name, if applicable:</i>	

OWNER INFORMATION	CONTRACTOR INFORMATION
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City , State/ Zip Code:</i>	<i>City , State/ Zip Code:</i>
<i>Email:</i>	<i>Email:</i>
<i>Phone:</i>	<i>Phone:</i>

Signature of Applicant/Agent: _____ Date: _____

The above application for Zoning Permit has been reviewed for compliance with ACO Chapter 12, Planning & Zoning Codes

By _____ Date _____
 Jill Clements, Zoning Enforcement Officer

By _____ Date _____
 Emily Hanson, C.B.O / Floodplain Administrator

and was: () Approved () Denied () Referred to Zoning Board of Appeals () Other

ACO 1226.04 This Zoning Permit expires on _____ unless construction begun or an extension has been granted by the Zoning Enforcement Officer.

Description/Comments _____

