

Occupancy Permit Application

Andover Village

134 Maple Street
PO Box 1267
Andover, OH 44003-1267
Phone: 440/293-4747
Fax: 440/293-4878

For Zoning Inspector Use Only

Application no. _____
Received on _____
 Approved on _____
 Denied on _____
Permit no. _____

This application is for a:

- An occupancy permit
- A temporary occupancy permit

Applicant (must be the owner or a tenant of the subject lot)

Name _____

Address _____

Contact person _____ Phone no. _____

Status:

- Corporation for profit
- Partnership
- Limited liability company/partnership
- Nonprofit corporation
- Nonprofit, tax-exempt corporation
- Unincorporated association
- Individual
- Other _____

Owner (if different from applicant)

Name _____

Address _____

Contact person _____ Phone no. _____

Status:

- Corporation for profit
- Partnership
- Limited liability company/partnership
- Nonprofit corporation
- Nonprofit, tax-exempt corporation
- Unincorporated association

- Individual
- Other _____

Subject Lot

Street address _____

Treasurer's permanent parcel no(s). _____

Current use _____

Proposed use _____

Current zoning district in which subject lot is located:

- Medium-low density residential district (R-1)
- Medium density residential district (R-2)
- Non-exclusive commercial district (C)
- Industrial district (I)
- Public/quasi-public district
- P.U.D. district
 - Residential
 - Industrial

Current Off-street Parking Spaces on the Subject Lot

Location _____

Number _____ Dimensions _____

Current Loading Spaces on the Subject Lot

Location _____

Number _____ Dimensions _____

Current Dwelling Units in Each Building on the Subject Lot

Location _____

Number _____

All Current Signs on the Subject Lot

Dimensions:	Minimum required
Width _____	_____
Length _____	_____
Setback from street centerline _____	_____

Left side yard _____

Right side yard _____

Maximum required

Area _____

Height _____

Contents _____

TEMPORARY OCCUPANCY PERMIT AUTOMATICALLY EXPIRES

A temporary occupancy permit shall automatically expire on the deadline stated in the permit. No temporary occupancy permit shall extend for a period of more than one and one-half (1½) years from the date of the permit.

I hereby apply to Andover Village for the permit described above. I have read this application, I have personal knowledge of the information provided, and I attest to the truth and accuracy of the information provided, to the best of my knowledge and information. I acknowledge that if it is determined that any of the information provided in this application proves to be incorrect, and the correct information is not supplied within 10 days of the Zoning Inspector's request, then any permit issued on the basis of this application may be revoked. I also acknowledge that any violation of the provisions of the Andover Zoning Ordinance may result in criminal and/or civil penalties against me and any against any other parties that participate in or contribute to said violation.

Witness

Applicant

Dated _____