

VILLAGE OF ANDOVER

134 Maple Street PO Box 1267
Andover, OH 44003
Phone: 440-293-4747
Fax: 440-293-4878
www.andovervillage.com

(office use only)

Zoning Permit Application

You **must** attach a map & site plan showing the location and dimensions of your lot, the location of all buildings and their dimensions, and the dimensions of proposed project or replacement illustrating setbacks. You **must** also include either a survey or proof of property line ownership. **You must attach the filing fee with this application before it will be considered. Any work found without a permit will result in a Stop Work Order and may accompany fees.**

Application Date: _____ Parcel Number: _____

Name of Property Owner: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

Address of Project: _____

Description of Project: _____

Lot Size & Setbacks (Indicate Distance from new construction & lot lines on site plan)

Lot Size: _____ Lot Depth: _____ Lot Width: _____

Type of Construction: Primary Structure or Addition :\$125.00 Commercial Structure:\$0.05 per sq ft or \$100.00 whichever is greater

All Other:\$30.00 (check one): Deck/Driveway Accessory Structure Change Use Fence Sign

Re-Zoning/Development:\$400 Amendments to Zoning Map/Vacate Street/Site Development

Occupancy Type: Residential Commercial **EMAIL:** _____

Under penalties of perjury, I hereby certify that all of the information is truthful and accurate. I acknowledge that I am the deeded property owner and that I grant permission for the aforementioned project to be completed by myself or my authorized agent/builder/contractor. I further acknowledge that the project must meet the current Andover Village Code and the State of Ohio Building Code administered by the Ashtabula County Building Department.

(Property Owner Signature)

(Authorized Agent/Builder/Contractor Signature)

(Property Owner Address)

(Authorized Agent/Builder/Contractor Address)

(Property Owner Phone)

(Authorized Agent/Builder/Contractor Phone)

If you are acting as an Authorized Agent/Builder/Contractor when submitting this application, you must obtain the signature of the property owner to ensure their knowledge/approval of the proposed project.

Please contact the Zoning Inspector at (440) 293-4747 with any questions.

*****Village Office Use Only*****

Amount: _____ Receipt #: _____ Payment Method: _____ Date: _____ Received By: _____

Zoning Permit Application-Continued

Permit/Application Number:

(office use only)

Current Zoning District: Residential- (R-1) (R-2) (R-3)

Industrial Public/Quasi Public Commercial

Application is approved with following conditions: _____

Application is denied for following reason: _____

Zoning Inspector

Date

This permit is valid for one (1) year from date of acceptance and the project must be completed within that year, unless construction has begun on the site.

Any person aggrieved by the decision of the Zoning Inspector must file an appeal form with the Board of Zoning Appeals at Andover Village Hall no later than twenty (20) days after the date of denial. Said appeal shall be on a form obtained from Village Hall. At the time of submission, you also pay the corresponding appeal fee of \$150.00. Then you will be afforded a hearing.