Village of
Mt. Orab

211 South High Street • P.O. Box 466 • Mt. Orab, OH 45154
Phone: (937) 444-4141 • Fax: (937) 444-3115

COMMERCIAL ZONING PERMIT APPLICATION

DATE____/____/_____

OWNER NAME (please print) _____

ADDRESS FOR PERMIT REQUESTED_____

PHONE # ( ) _____/ _____

A DRAWING AND OR/SITE PLAN SHOWING WHERE THE STRUCTURE/PROJECT WILL BE LOCATED ON THE PROPERTY IS REQUIRED. MEASUREMENTS FROM THE STRUCTURE/PROJECT TO THE FRONT AND REAR PROPERTY LINES, ALONG WITH BOTH SIDE PROPERTY LINES ARE REQUIRED ON THE DRAWING.
STRUCTURE AND DRIVEWAY LOCATIONS NEED TO BE MARKED BEFORE INSPECTION.

TYPE OF ZONING PERMIT REQUESTED CHECK ONE:

MULTI-FAMILY __ DUPLEX__ TRIPLEX__ OTHER _____

BUSINESS _____ RIGHT OF WAY
BORE _____ ROAD CUT_____

SIGN(S) _____ SITE PLAN SUBMITTED_____

BUSINESS ( ) OTHER_____

STRUCTURE MEASUREMENTS WIDTH _____ LENGTH _____ HEIGHT _____

CONTRACTOR _____ PHONE _____

COST OF PROJECT $ _____

ALL DRIVEWAY AND DITCH PIPE MUST BE A MINIMUM OF (12") IN DIAMETER. GALVANIZED OR CORRUGATED PIPE MAY BE USED. PLASTIC PIPE MAY BE USED IF DOUBLE WALLED AND SMOOTH ON THE INSIDE. (***PER HANCOR HI-Q PIPE SPECIFICATIONS.***)

THE PROPERTY OWNER OR CONTRACTOR IS RESPONSIBLE FOR RESTORING ALL DITCHES THAT TOUCH THEIR PROPERTY AND THEY MUST DRAIN PROPERLY.

THIS PERMIT IS VALID (6) MONTHS FROM _____/_____/_____.

**Zoning permits must be issued PRIOR to construction or installation. Zoning fee is non-refundable.*

**Zoning permits DO NOT take the place of building permits. It is the responsibility of the owner/contractor/engineer to obtain proper building permits necessary for the project applied for.*

APPLICANT SIGNATURE_____ Email: _____

PERMIT NO # _____