

CITY OF WAUSEON
230 CLINTON STREET
WAUSEON, OHIO 43567
(419) 335-5041 PHONE (419) 335-3866 FAX
ZONING PERMIT

PROJECT ADDRESS _____ SUB _____ LOT# _____ ZONING DISTRICT _____

OWNER _____
ADDRESS _____

CONTRACTOR _____
ADDRESS _____

PHONE _____

PHONE _____

TYPE OF CONSTRUCTION

____ RESIDENTIAL
____ COMMERCIAL
____ INDUSTRIAL

____ NEW HOME
____ ADDITION
____ GARAGE

____ POOL
____ SHED
____ DECK

____ FENCE
____ SIGN

A Site plan of the property is required prior to a zoning permit being issued.

TOTAL SQUARE FOOT OF HOME/GARAGE/SHED/ADDITION/DECK _____
BUILDING PERMIT REQUIRED _____

DISTANCE FROM PROPERTY LINES

FRONT _____ REAR _____

LEFT _____ RIGHT _____

ESTIMATED COST OF CONSTRUCTION \$ _____ DATE OF CONSTRUCTION _____

The undersigned hereby applied for a zoning permit to construct a structure at the above location and does agree to comply with all applicable provisions of the City Zoning Ordinance and does state that all information it is true and correct to the best of their knowledge.

OWNER'S SIGNATURE/CONTRACTOR _____ DATE _____

ZONING PERMIT APPROVED: _____ DATE _____

BUILDING PERMITS ARE ISSUED THROUGH
Wood County Building Department
One Courthouse Square
Bowling Green, Ohio 43402
419-354-9190 Fax 419-373-6786
wcbinspect.co.wood.oh.us

ZONING PERMIT # _____
FEES PAID \$ _____
RECEIPT # _____
DATE PD _____