

**City of Waterville**  
**Application for Zoning Permit**

**PLEASE PRINT**

Application Number \_\_\_\_\_

Construction

Demolition

Address \_\_\_\_\_ Zoned \_\_\_\_\_ Parcel # \_\_\_\_\_

Description of Work: (e.g. new home, retail building, shed, addition, demolition, etc.)  
\_\_\_\_\_

Proposed Structure Size: L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_ Total Sq. Ft. Floor Area \_\_\_\_\_

*Attach dimensioned site plan showing parcel boundaries, north arrow, street/roadway, address, existing and proposed structure locations, driveway, parking areas, sidewalk, and a drawing/sketch of the proposed structure showing L, W, H, distance to property lines*

Will proposed construction require: Water Tap  Sanitary Sewer  Storm Sewer  Sidewalk  Driveway   
Curb Cut

Applicant must provide Contractor and Subcontractor information to the Regional Income Tax Agency unless **ALL** work is self-performed by Property Owner. Forms are available at [www.ritaohio.com](http://www.ritaohio.com)

General Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**APPLICANT**

**PROPERTY OWNER (IF NOT APPLICANT)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**The applicant certifies that this application, with attachments, is complete and accurate; any permit issued upon a false statement of fact material to the issuance hereof shall be void. The Zoning Permit shall be valid for a period of twelve (12) months after the date of issuance. A Building Permit, available from Lucas County Building Regulations (419) 213-2990 may also be required for this work.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

**FEES**

\$ _____ Zoning Permit	Historic District <input type="checkbox"/>	Floodplain <input type="checkbox"/> Permit # _____
\$ _____ Driveway & Sidewalk	Residential Overlay _____	
\$ _____ Storm Sewer Permit	Commercial Overlay _____	
\$ _____ Sanitary Sewer Permit	Special Use Permit _____	
\$ _____ Water Permit	Curb Cut _____	
\$ _____ Street Tree	Conditional Use Permit _____	
\$ _____ Other (specify)	Comments _____	
\$ _____ <b>TOTAL</b>	_____	

Receipt # \_\_\_\_\_ Date \_\_\_\_\_

WATERVILLE

LUCAS COUNTY

APPLICANT

**Contact Lucas County at (419) 213-2990 for Building Permit Information**