



Village of

# LOUDONVILLE

## GENERAL PERMIT APPLICATION

OFFICE USE ONLY	
BUILDING	\$
ZONING	\$
PLUMBING	\$
DRIVEWAY	\$
OTHER	\$
<b>TOTAL</b>	<b>\$</b>

### SECTION 1 OWNER / APPLICANT INFORMATION

Property or Business Owner	Phone Number	Email	
Street Address	City	State	Zip Code
Name of Applicant (if different from Owner)	Phone Number	Email	
Property / Project Address	City	State	Zip Code

### SECTION 2 ZONING PERMIT REQUEST

- ☐ Sign Permit    ☐ Conditional Use    ☐ Variance    ☐ Exception    ☐ Food Truck (per Ord. 13-2020)  
☐ Rezoning    ☐ Nonconforming Use    ☐ Temporary Use    ☐ Lot Split    ☐ Other \_\_\_\_\_

### SECTION 3 BUILDING PERMIT REQUEST

Check Permit(s) Applied For

#### A) PROPERTY

- ☐ Residential  
☐ Commercial  
☐ Industrial  
☐ Municipal

#### B) PROJECT

- ☐ New Construction  
☐ Addition  
☐ Alteration / Repair  
☐ Demolition

#### C) CONSTRUCTION PERMIT TYPE

- ☐ Residence    ☐ Demolition  
☐ Commercial Building    ☐ Utility Building  
☐ Deck / Porch    ☐ Portable Building  
☐ Garage    ☐ Sidewalk  
☐ Car Port    ☐ Driveway  
☐ Fence    ☐ Plumbing  
☐ Roof    ☐ Utility Construction  
☐ Pool    ☐ Other \_\_\_\_\_

#### D) REQUIRED DATA - New Construction

Is Project / Lot located in Flood Plain? ☐ Yes ☐ No

Number of Stories (New Construction - Basement Excluded): \_\_\_\_\_

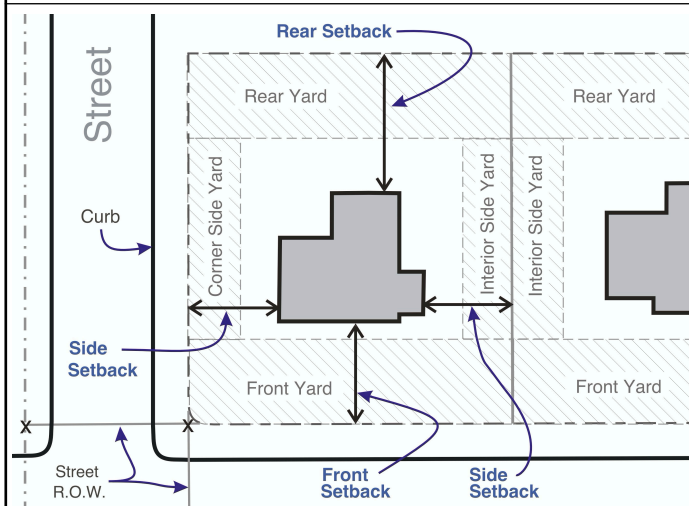
Foundation: ☐ Basement ☐ Crawl Space ☐ Slab

**TOTAL SQUARE FEET :** \_\_\_\_\_

**ESTIMATED COST \$** \_\_\_\_\_

**NOTE:** Ohio Law requires **ALL EXCAVATIONS MUST** be registered in advance with the Ohio Utilities Protection Service (O.U.P.S.) @1-800-362-2764 or 811.

**Commercial plans** must be approved and stamped by the State of Ohio, and submitted to the Ashland Building and Zoning Department • 206 Claremont Avenue, 3rd Floor • Ashland, OH 44805 • Phone - (419) 289-8744



**\* Please submit a plan or drawing showing setbacks on the reverse side, or on a separate sheet of paper**

### SECTION 4 APPLICANT SIGNATURE

I agree to comply with the Ordinances of the Village of Loudonville and the conditions of this permit, and certify that the above information is accurate.

Applicant / Agent Signature \_\_\_\_\_

Date Filed \_\_\_\_\_

☐ Check if 501(c)(3) or other Non-Profit Organization

### SECTION 5 \*\*\* OFFICE USE ONLY \*\*\*

DISTRICT	PERMIT <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE OF HEARING	DATE APPROVED	PERMIT NUMBER
LOT NUMBER(S)	COUNTY <input type="checkbox"/> ASHLAND <input type="checkbox"/> HOLMES	COUNTY PROPERTY ID#	FEE PAID \$	AUTHORIZED BY