

Permit #: _____

BUILDING PERMIT APPLICATION

VILLAGE OF HARVEYSBURG

79 W. Main Street, PO Box 189

Harveysburg, Ohio 45068

Phone: 513.897.3998

FAX: 513.897.3997

www.villageofharveysburg.org

DATE: _____

CONSTRUCTION ADDRESS: _____

BUSINESS NAME (if applicable): _____

PROJECT DESCRIPTION: _____

	Name	Street Address	City	State	Zip code	Phone #
Building owner						
Tenant						
Contractor						
Contractor License #						
Applicant						
Applicant Email:				Applicant Fax #		

PROJECT INFORMATION

- ☐ New Construction
 ☐ Addition
 ☐ Garage (Attached)
 ☐ Garage (Unattached)
 ☐ Other _____
- ☐ Shed/Aux. Building
 ☐ Residential
 ☐ Commercial
 ☐ Industrial
- ☐ Describe if other _____

ALL WORK MUST COMPLY WITH APPLICABLE CODES, ZONING REQUIREMENTS, AND EASEMENTS.
 PLEASE NOTE THAT ALL PERMITS EXPIRE 12 MONTHS FROM DATE ISSUED AND
 WORK MUST BEGIN WITHIN 6 MONTHS FROM DATE ISSUED.

I, the undersigned, do hereby affirm that the statements are true and correct and also agree to comply with the provision of the ordinances of the Village of Harveysburg. The proposed work is authorized by the owner and I have the authorization to make this application.

Signature: _____ Print Name: _____

Owner: ☐ Contractor: ☐ Owner Rep. ☐

Zoning requests for building, additions, garages and swimming pools (both above and in-ground) require **3 copies** of plans and a plot plan showing the area of construction as well as all property lines, all existing structures, and any easements.

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OFFICE USE ONLY

Received by: _____ Date: _____ Zoning District: _____ Flood Plain: ☐ Yes ☐ No

Planning Commission Approval Required: ☐ Yes ☐ No Reason: _____

BZA Required: ☐ Yes ☐ No Reason: _____
☐ \$500 Deposit Collected

Zoning Approved/Denied By: _____ Date: _____

Plan Review Approved/Denied By: _____ Date: _____

Final Inspection: Approved/Denied By: _____ Date: _____