

BUILDING PERMIT

Village of Continental

P.O. Box 447

No: _____

Date Issued: _____

Contractor: _____

Issued To: _____

Address: _____

Address: _____

Phone#: _____

Phone#: _____

Lot# & Description _____

Architect: _____

Address: _____

Permit to Construct: (give dimensions & number of rooms, if applicable)

Phone# _____

Type of construction: _____

Property is zoned: _____

Was Permit granted though a variance?

_____ Yes _____ No

If yes, the date granted _____

Cost: _____

Material _____

State Building Permit No. _____

Labor: _____

Distance in ft. and in. from property lines.

_____ North _____ East

_____ South _____ West

Signature of Applicant

Date Signed: _____

Personally appeared before me, the above names _____ who being first duly sworn according to law deposes and says the allegations contained herein are true.

_____ Building Inspector

Site/plot must

accompany the application along with the detailed building plans.

Notes:

PERMISSION is hereby granted to the applicant for six (6) months from the date of this permit at the above location or along the following route in accordance with the terms of application made under date of this permit which is hereby made a part of this permit to the extent as if fully re-written herein, and in accordance with the laws, ordinances and regulations of the VILLAGE OF CONTINENTAL, OHIO, as set forth in said application.

TOTAL _____

Mayor _____

Date Paid _____

BY _____

BPA/WATER DEPT: (419) 596-3822

CASH() CHECK() #

FEES: Sanitary Sewer _____

APPROVED BY:

Water Tap _____

Water meter _____

Building Permit _____

Other _____

Clerk-Treasurer _____