



PLAN NUMBER:

**THE CITY OF MT HEALTHY
ECONOMIC DEVELOPMENT
BUILDING AND PLANNING**

7700 Perry Street

Mt. Healthy, Ohio 45231

513-931-8840 513-728-3182
x145 www.mthealthy.org

ZONING PERMIT APPLICATION

*Residential * Commercial

Project Address (Please Print in Blue or Black Ink Only)		Floor / Suite / Unit / Bldg / Lot
Owner - Name	Phone	Email
Address/ City / State / Zip Code		
Contractor - Name	Phone	Email
Address/City / State / Zip Code		
Architect - Name	Phone	Email
Address/City / State / Zip Code		
Current Use	Proposed Use	Business Name

TYPE OF IMPROVEMENT: PLEASE MARK

SHED / ACCESSORY STRUCTURE	TENT	PATIO
SIGN FACE CHANGE	PORT. STOR. UNIT	FOOD TRUCK
TEMP SIGN	POOL ABOVE GROUND	MODULAR BUILDING
FENCE	DRIVEWAY	OTHER

BUILDING CONSTRUCTION COST \$ _____

DESCRIBE IMPROVEMENT

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent to conform to all applicable laws of this jurisdiction.

PLEASE PRINT NAME: _____ Signature of Applicant _____ Date: _____

*** VALIDATION – BELOW FOR DEPARTMENT USE ONLY ***

Issue date _____ Use Group _____ Const. Type _____ Approved By _____ Zoning District _____	Approval Fee _____ Plan Review Fee _____ Total Fees _____ Less Application Fee _____ Total Due _____
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Officials Approval _____ Date: _____

*** TURN OVER FOR SITE DETAIL ON BACK***

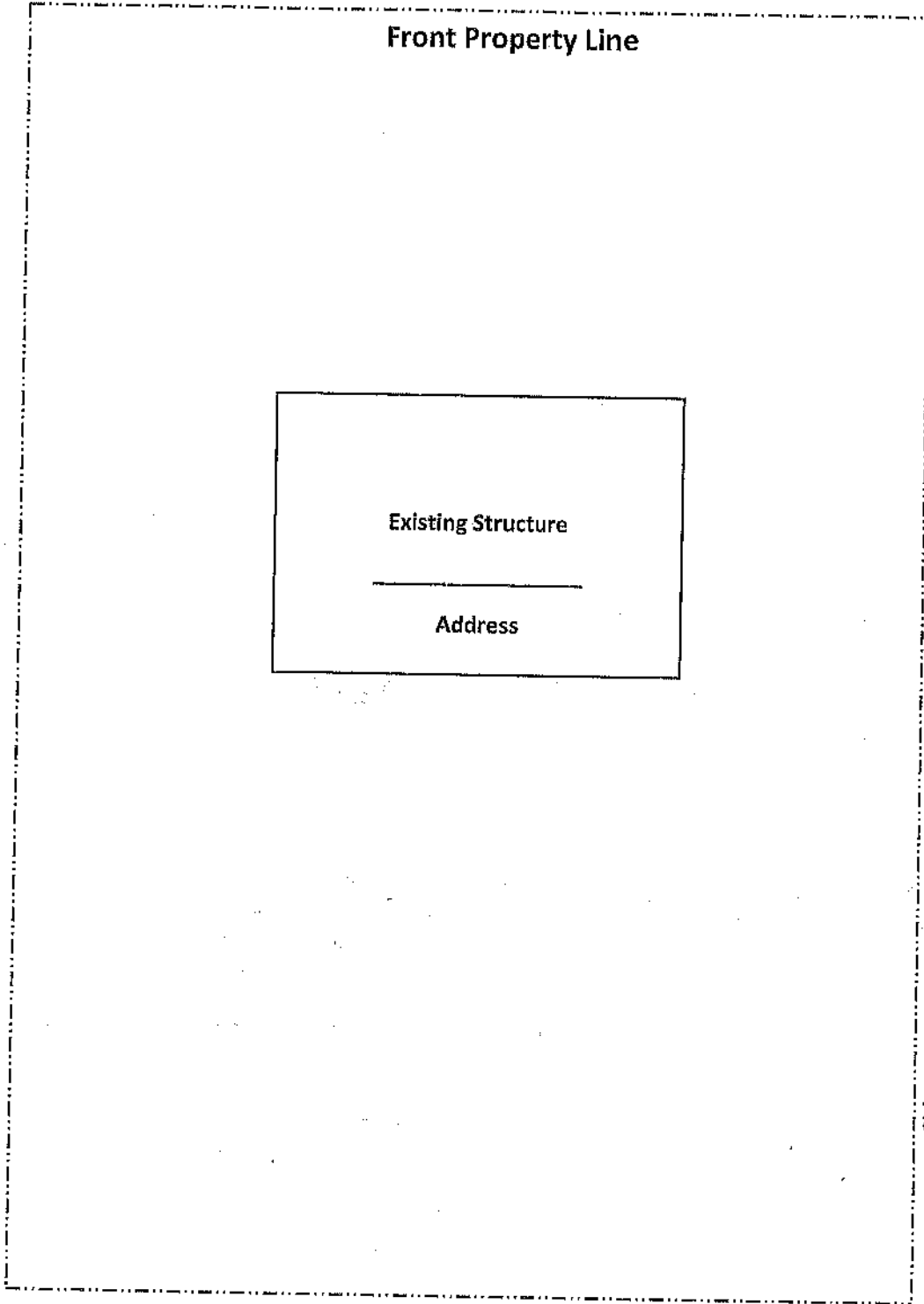
**** Provide Detail of project on Site Plan ****

**** Show Distance to ALL Property Lines ****

Street Name _____

Street Name if Corner Lot _____

Side property line.



Front Property Line

Existing Structure

Address

Street Name if Corner Lot _____

Side property line.

Rear Property Line