

Village of Delta

Zoning Permit Application

Date: _____

Property Owner: _____

Address: _____

Phone Number: _____

Subdivision: _____

Lot size: _____

Yard Size: measuring from edge of structure to
property line: Front _____ Feet

Class of Occupancy: _____

Rear _____ Feet

(Residential, Commercial, Industrial)

Side _____ Feet

Zoning District: _____

Side _____ Feet

(R1 - B2 - M - 1)

For new building construction please provide the applicable information:

Ground Floor Area : _____ square feet

Square feet per residential unit: _____

Number of rooms per residential structure: _____

Overall height of structure: _____

Value of improvements to be completed: _____

Building Contractor: _____

Address: _____

Plans prepared by: _____

I HEREBY ACKNOWLEDGE AND CERIFY THAT I HAVE READ AND COMPLETED THIS APPLICATION AND CONFIRM THE INFORMATION IS CORRECT AND AGREE TO COMPLY WITH THE ZONING ORDINANCE OF THE VILLAGE OF DELTA AND BUILDING REGULATIONS ESTABLISHED BY THE STATE OF OHIO:

OWNERS SIGNATURE: _____ **DATE:** _____

Address if different than listed above: _____

Application Is: Approved / Denied **PERMIT FEE \$** _____

Village of Delta Zoning Administrator: _____ **DATE** _____

THIS PERMIT IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE OF APPROVAL

PLEASE USE THE BACK OF THE APPLICATION TO ACCURATELY DEPICT THE LAYOUT OF PROPOSED IMPROVEMENTS SHOWING MEASUREMENTS AND LOCATIONS OF STRUCTURES AND OR FENCES.