Village of Kingston
PO Box 650
Kingston, Ohio 45644

Permit Number: _____

APPLICATION FOR ZONING PERMIT

Applicant Name: _____ Phone: _____

Address: _____ Owner: _____ Owner's Address: _____

Contractor/ Business Name: _____
Contractor Address: _____
Contractor Phone: _____
Present Use of Property: _____ Proposed Use: _____

BUILDING AND LOT DATA (A SCALED PLOT PLAN IS REQUIRED FOR ALL STRUCTURES)

Building Size: _____ Height: _____ Yard Depth: Rear_____ Front_____
Right Side: _____ Left Side: _____ Lot Size: _____ sq ft
Corner Lot: Yes _____ No _____ Type of Construction: _____ Cost: _____
New Building: _____ Addition: _____ New Use: _____ Other: _____
Square Feet of Living Area: _____ State Permit # (if applicable) _____

FOR YOUR INFORMATION AND PROTECTION, PLEASE READ AND VERIFY THE FOLLOWING:
It is the property owner's responsibility to assure that no structure is build on a public easement. It is the property owner's responsibility to locate and assure that the plot plan submitted with this application accurately reflects the setback dimensions from those property lines. It is recommended that, if definite property lines cannot be determined from existing property pins, a survey be performed. It is the property owner's responsibility to verify that their deed and/ or plat do not contain any restrictions against such construction and use.

I hereby state that the information shown above and on the attached plot plan and any other data submitted is accurate.

Date: _____ Signature of Applicant: _____

Review of Zoning Permit

Amount Collected: _____ Date Collected: _____ Collected By: _____

THIS PERMIT IS CONDITIONED UPON OBTAINING ALL OTHER REQUIRED PERMITS AND IS VALID FOR A PERIOD OF ONE YEAR FROM START OF CONSTRUCTION.

Ordinance #14-90 President of Zoning: _____