

**CITY OF ROSSFORD, OHIO  
ZONING APPLICATION**

Permit No: \_\_\_\_\_ Non-Refundable Fee: \$50.00 Late Fee: \_\_\_\_\_

Resident/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Located on the: N S E W side of \_\_\_\_\_, between  
\_\_\_\_\_ and \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Site Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Legal Description: \_\_\_\_\_

**ROSSFORD MUNICIPAL CODE REQUIRES ALL CONTRACTORS WORKING WITHIN THE CITY TO BE LICENSED.** Please list below the names, address and telephone numbers of the sub-contractors involved in this project.

Electrical

HVAC

Plumbing

Sewer

Paving

**I HEREBY DECLARE THAT ALL ABOVE AND ATTACHED INFORMATION IS CORRECT.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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OFFICE USE ONLY

Sanitary Sewer No: \_\_\_\_\_ Storm Sewer No: \_\_\_\_\_

Water Tap No: \_\_\_\_\_ District I \_\_\_\_\_ JEDZ District \_\_\_\_\_ Record No: \_\_\_\_\_

Variance Needed: \_\_\_\_\_ Variance Granted: Yes No Date: \_\_\_\_\_

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Zoning Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Approved Denied

Comments: \_\_\_\_\_

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City Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Approved Denied

**NOTICE**

YOU ARE APPROVED TO DO ONLY THE WORK ACCORDING TO THE DRAWINGS, PRINTS, AND/OR SPECIFICATIONS SUBMITTED ON \_\_\_\_\_ No. \_\_\_\_\_. IF ANY ALTERATIONS ARE MADE TO THE DRAWINGS OR SPECIFICATIONS **OR** ANY CHANGE MADE TO THE PROJECT THAT WAS APPROVED, IT COULD RESULT IN AN ORDER TO TEAR DOWN THE STRUCTURE AND REBUILD IT ACCORDING TO THE APPROVED PLAN.

**NOTE: PERMITS ARE ONLY GOOD FOR ONE YEAR FROM DATE OF ISSUANCE.**

I hereby state that all the plans submitted are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_