

**VILLAGE OF LOWELLVILLE**  
**OFFICE OF THE ZONING INSPECTOR**  
140 E. Liberty St. P.O. Box 124 Lowellville, Ohio 44436  
**(330)536-6415 Ext. 103 Fax (330)536-2058**  
E-Mail Address: lowellvillezoning@gmail.com

DATE \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

**VOID WITHOUT COUNTY BUILDING PERMIT**

Application is hereby made by \_\_\_\_\_ for a permit to erect/alter a structure as described in the accompanying plans, which structure is to be located as shown on the accompanying plot plan. The accompanying plans and plot plan, and the representations therein contained, are made a part of this application, in reliance upon which, and as an inducement therefore, the Village of Lowellville is requested to issue a Zoning Permit.

PURPOSE \_\_\_\_\_ FRAME \_\_\_\_\_ BRICK \_\_\_\_\_ C.B. \_\_\_\_\_ OTHER \_\_\_\_\_  
NUMBER OF STORIES \_\_\_\_\_ NUMBER OF ROOMS \_\_\_\_\_ NUMBER OF FAMILIES \_\_\_\_\_ VALUATION \_\_\_\_\_  
WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ DEPTH \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ HOUSE NUMBER \_\_\_\_\_  
STREET \_\_\_\_\_ PARCEL NUMBER \_\_\_\_\_ LOCATED IN A \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

I hereby make application for permit as above, and I do hereby covenant and agree to construct said work in all respects in compliance with the provisions of the statutes of the State of Ohio, County of Mahoning, and the Village of Lowellville, Mahoning County, Ohio.

EACH PROPERTY OWNER SHALL DETERMINE PROPERTY LINES AND ASCERTAIN THAT THE BUILDINGS, FENCES, OR STRUCTURES ARE WITHIN THE HEIGHT AND YARD REGULATIONS.

It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might, or would operate to cause a refusal of this application, or any material alteration or change in the accompanying plans made subsequent to the issuance of a Permit in accordance with this application, without the approval of the Village of Lowellville shall constitute sufficient grounds for the revocation of such Permit.

NOTE: NO BUILDING OR STRUCTURE SHALL BE PLACED ON EASEMENTS. THE APPLICANT SHALL BE RESPONSIBLE FOR LOCATING EASEMENTS ON THE PROPERTY. IF A BUILDING OR STRUCTURE SHOULD BE PLACED IN AN EASEMENT, THE OWNER OF THE PROPERTY SHALL BE LIABLE FOR ITS REMOVAL.

PERMIT FEE \_\_\_\_\_

**RECEIPT** Date \_\_\_\_\_

Received From \_\_\_\_\_

Address \_\_\_\_\_

For \_\_\_\_\_ Dollars \$ \_\_\_\_\_

How Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner, Contractor, or Representative

\_\_\_\_\_  
Building/Zoning Inspector or Representative