

**VILLAGE OF LAGRANGE
355 SOUTH CENTER STREET
LAGRANGE, OHIO 44050**

**Zoning Clerk: Linda M. Lowery
(440) 355-5555 Fax (440) 355-5250**

To the Village of LaGrange,

The undersigned hereby applies for a zoning permit for the installation of a sidewalk, to be issued on the basis of the representations contained herein, all of which the applicant certifies as true and correct:

Property Owner _____ Address _____

Mailing Address: _____ City _____

Phone # _____ Fax # _____

Applicant Name _____

Mailing Address _____ City _____

Phone # _____ Fax # _____

Location Address _____ Zoning District _____

Permanent Parcel # _____

Estimated Cost _____ Contractor _____

In addition to the information provided hereon, the applicant for this zoning permit shall provide all necessary drawings, notes, specifications, approvals, and other necessary information as required by the Village of LaGrange Zoning Ordinance.

No application fee is required.

It is agreed that the sidewalk installation will meet all requirements of the appropriate and applicable sections of the Village of LaGrange Ordinances.

Applicant

Date Received _____
_____ Zoning Clerk