



Founded 1875

# Village of LaGrange

355 South Center Street  
LaGrange, Ohio 44050  
(440) 355-5555; Fax 440-355-5250  
lagov2@windstream.net  
Zoning/Building Department

## APPLICATION FOR ZONING PERMIT RESIDENTIAL ADDITIONS, ALTERATIONS, REPAIRS (Non-Exact Replacement of Windows/Doors)

To the Village of LaGrange,

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

Location Address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Applicant Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Permanent Parcel #: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Foundation: \_\_\_\_\_

Please attach the following:

1. A description of the work to be done.
2. A scaled drawing of the alteration or repair if applicable.
3. Additions-A visual inspection of staked out addition needs to be inspected prior to construction.

It is the responsibility of the property owner to determine the property line through location of property pins.

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

A SEPARATE BUILDING PERMIT is required. The plans are submitted to the Building Inspector along with an application; fees are determined by the building inspector. Both applications (Zoning and Building) are to be submitted to the Zoning/Building Department Office at 355 South Center Street, Lagrange, Ohio 44050.

Application fee of \$35.00 for the Zoning Permit, payable to the Village of LaGrange, are due at the time of the application.

This permit shall become void if work is not started within one year and/or substantially completed within two and one-half years of the date of issuance.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date