

Permit # _____
Date Issued: _____

Fee Paid: \$ _____

Butler County Zoning
Building Permit Application
All Fees Are Non-Refundable

Owner's/Applicants Name: _____ Telephone # _____
Address: _____

Structure Description: _____
Structure To Be: Erected _____ Altered/Remodeled _____ Other _____
Purpose _____

Legal Description of Property: _____

Zoning Classification: _____ Size of Parcel (acres) _____ Adjoining Roads _____
Front Width: _____ Rear Width: _____ Dimensions of Structure: _____
No. of Rooms: _____ No. of Bedrooms: _____ No. of Stories: _____ No. of Families: _____
Setbacks: (Where Structure Will Be Placed):
_____ feet from front right of way (direction) _____ feet from rear lot line (direction)
_____ feet from side lot line (direction) _____ feet from side lot line (direction)
Estimated Value of Project: \$ _____ Contractor: _____

The undersigned applicant certifies under oath and under penalties of perjury, that the foregoing information is true and correct. I further agree this building does not violate any restrictive covenant of the abstract. I have also completed and attached the Location Diagram for review.

Applicant or Agent for Applicant

<u>Office Use Only</u>	
Approved Sewer System: _____ Butler County Sanitarian _____ Date	Approved Zoning Application: _____ Butler County Zoning Administrator _____ Date
Reason For Denial and/or Additional Information _____	