

Village of Cardington

215 Park Ave, P.O. Box 10 Cardington, Ohio 43315 (419) 864-7607 Fax (419) 864-0536

(USE)

ZONING PERMIT - (USE)

(Changes or Modifications to the Use of a Property)

Address of Permit:			Proposed Work Type
Property Owner Name:			(Check all that apply)
Property Owner Phone #:			New Use
Contractor Name:			Change of Use
Street Address:			
City, State, Zip:			Variance
Office Phone #1			
Contact Name:			
24 Hr # (Mobile):			
Estimated Start Date:			<u>District</u>
Total Work Days:			The undersigned hereby applies for a zoning
Estimated Total Cost:			certificate in the following district:
Description of Permit Request:			☐ A1 (1115) ☐ R-3 (1121)
			R1 (1117) B-1 (1123)
			S1 (1118) M-1 (1125)
			R-2 (1119) R-4 (1127)
			Other (describe use)
Applicant Certification: The undersigned applicant hereby states that th and/or building(s) shall be used for the purposes	s stated. The ac	cceptance of th	is certificate constitues the applicants
The undersigned applicant hereby states that th	s stated. The ac ge of Cardingto	cceptance of the control of the cont	is certificate constitues the applicants nances, as amended from time to time, and all
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