

**DEPARTMENT OF BUILDING INSPECTION
CITY OF WASHINGTON
105 NORTH MAIN STREET, WASHINGTON C.H. OHIO 43160
PHONE 740-636-2353 FAX 740-636-2349**

OCCUPANCY/ZONING PERMIT APPLICATION

PROJECT ADDRESS _____

APPLICANT'S NAME: _____ Phone No. _____

Address _____

PROJECT ADDRESS OWNER'S NAME _____

Address _____ Phone No. _____

CONTRACTOR'S NAME _____ Phone No. _____

Address _____

ESTIMATED COST OF THE PROJECT: _____

EXISTING USE _____

PROPOSED USE _____

DETAILED DESCRIPTION OF PROPOSED DEVELOPMENT OR USAGE:

Applicant's Signature: _____ Date _____

Owner's Signature: _____ Date _____

OFFICIAL USE ONLY

Zoning _____ Floodplain Yes No / Application Approved Disapproved

Comments: _____

Official's Signature _____ Date _____