

**City of Conneaut
Structure Permit Application**

294 Main Street
Conneaut, Ohio 44030
Telephone: 440-593-7406 Fax: 440-593-6908
E-mail: conneauthz@conneautoh.org

Date of Application: _____ Zoning District _____ Permit # _____
Parcel# _____

Job Location

Property Owner	Applicant Name (if different than owner)
Street Address & Job Location (street number & name)	Phone Number

Contractor Information

Name of Owner or Company	Email Address	
Address (street number & name)	City	State & Zip Code
Phone Number with area code	Fax Number	Cell Phone No.

PROJECT DESCRIPTION: _____

Requirements

- ❖ 2 sets of Working Drawing(s) showing the dimensions of the structure (including elevations, site plan, etc.)
- ❖ Location of structure on the property with dimensions showing distances from lot lines and any other structures
- ❖ Material structure will be made of and how it will be anchored to foundation and/or building
- ❖ Site plans must be attached to application - Zoning Permit Fee \$40.00
- ❖ If you have questions, please call the Zoning Administrator at 440-593-7406 or refer to the Conneaut Zoning Code

Property Owner Signature

Cost of Project

Applicant Signature

Date

Office Use Only

Approved _____ Reason for Denial _____

Denied _____

Zoning Administrator

Date Approved or Denied

