



WEST CARROLLTON

300 E. Central Ave.
West Carrollton, OH 45449
Phone: 937-859-5184
FAX: 937-859-3366
www.westcarrollton.org

SITE DEVELOPMENT PERMIT APPLICATION

Date: _____

Proposed Development Name _____

Property Address _____

City Lot # _____ Area of Subject Property (acres) _____

OWNER

Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

OWNER AGENT/REPRESENTATIVE

Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

ENGINEER/SURVEYOR

Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

ARCHITECT

Owner's Agent _____ Phone _____

Address _____ City/State/Zip _____

Email _____

(SEE PERMIT PROCESS ON BACK OF THIS FORM; APPLICATION CHECKLIST IS ATTACHED)

I UNDERSTAND THAT THE APPROVALS GIVEN IN RESPONSE TO THIS APPLICATION ARE NOT A SUBSTITUTE FOR OTHER PERMITS REQUIRING SEPARATE APPLICATIONS (E.G. BUILDING, ELECTRICAL, ETC.) I certify by signature below that the information contained in this application and attachments hereto is a true and accurate representation of the facts applicable to this request.

Signature: _____ Print Name: _____

Owner: Contractor: Owner Rep.

Permit Application Process

12/16/14

