

**Application for Zoning Permit – Demolition of Building**

**Date** \_\_\_\_\_

**VILLAGE OF LAGRANGE  
355 SOUTH CENTER STREET  
LAGRANGE, OHIO 44050**

**Zoning Clerk: Ron Harmon  
(440) 355-5555 Fax (440) 355-5250**

To the Village of LaGrange,

The undersigned hereby applies for a zoning permit for the following use, to be issued on the basis of the representations contained herein, all of which the applicant certifies as true and correct:

Property Owner \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Location Address \_\_\_\_\_ Zoning District \_\_\_\_\_

Permanent Parcel # \_\_\_\_\_

Estimated Cost \_\_\_\_\_ Contractor \_\_\_\_\_

Please attach a description of the Building to be demolished.

In addition to the information provided heron, the applicant for this zoning permit shall provide all necessary drawings, notes, specifications, approvals, and other necessary information as required by the Village of LaGrange Zoning Ordinance.

Application fee of \$15.00 is payable to the Village of LaGrange at the time of the application.

It is agreed that the demolition will meet all requirements of the appropriate and applicable sections of the Village of LaGrange Ordinances.

This permit shall become void if work is not started within one year and/or substantially completed within two and one-half years of the date of issuance.

\_\_\_\_\_  
Applicant

Date Received \_\_\_\_\_

\_\_\_\_\_  
Zoning Clerk

Permit issued on \_\_\_\_\_