

Village of Burton
Zoning Office
14588 West Park Street (S.R. 87)
P.O. Box 408
Burton, Ohio 44021



Phone: 440-834-4474
Fax: 440-834-1446

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Application for Mayors Permit
Ordinance 901

Date: _____

Application #

Owner Information – PLEASE PRINT

Project Address: _____ Sub Lot No. _____

Owners Name: _____

Owners Address (if different from above): _____

City: _____ State: _____ Zip: _____

Owners Contact: Mobile: _____ Email: _____

Occupants Name (if applicable): _____

Occupants Contact: Mobile: _____ Email: _____

General Contractor Information

Contractor Company Name: _____

Owners or Contact Name: _____

Company Contacts: Office# _____ Mobile: _____

Email 1: _____ Email 2: _____

General Project Information

Type of Work: _____

Start Date: _____ Completion Date: _____

Deposit amount set at \$ _____ Check # _____ Date Received: _____

Please contact the Village office when the work is complete for a refund of remaining bond money.

Contractor/Owners Signature: _____

Village Signature: _____