

**VILLAGE OF EVENDALE**  
DEPARTMENT OF BUILDING COMMISSIONER

**SIMILAR USE PERMIT**

Application Number: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITY: \_\_\_\_\_

---

BRIEFLY DESCRIBE YOUR REQUEST FOR A SIMILAR USE PERMIT: \_\_\_\_\_

---

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

=====

This application is approved insofar as the Building and Zoning Ordinance are concerned.

Approved by Village Council on \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Permit was Issued: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

