Town of Circleville Project Approval

Owner of property:	Phone Number:		
Mailing Address:			
County Records Plot #	Proposed Project:_		
CULINARY WATER			
☐ We have available culinary water for this project.			
	This project does not require culinary water.		
☐ We	We will need a water meter installed		
	day of for water by the Town of Circleville		
	Title:	Signature:	
PERMIT			
This project requires a permit for the project listed above.			
☐ This project does not require a permit. Front, side, and rear yard setbacks are required by the Town of Circleville. The owner of said property or his			
	responsible to see that these r		
•	eet from property line if fac	-	
-	lt within the Town of Circlev	0	
,	on permitted projects. Further		
_	contact Jim Johnson 435-670		
Setbacks		T	
Front	Side	Side	Rear
Diagram danna a diagram a falsa a a falsa a			
Please draw a simple diagram of the r	equested project.		
Please include	the exact position of the project of	on the property. If this is a hom	e, the front door
	and driveway ne	ed to be specified.	
Town provided address:			
Approval given this	day of by		_Title:
Signature:			
I understand the zoning req	uirements. Property Owner (Sig	gnature)	

Town of Circleville Project Approval Form: 03/2021/MW