

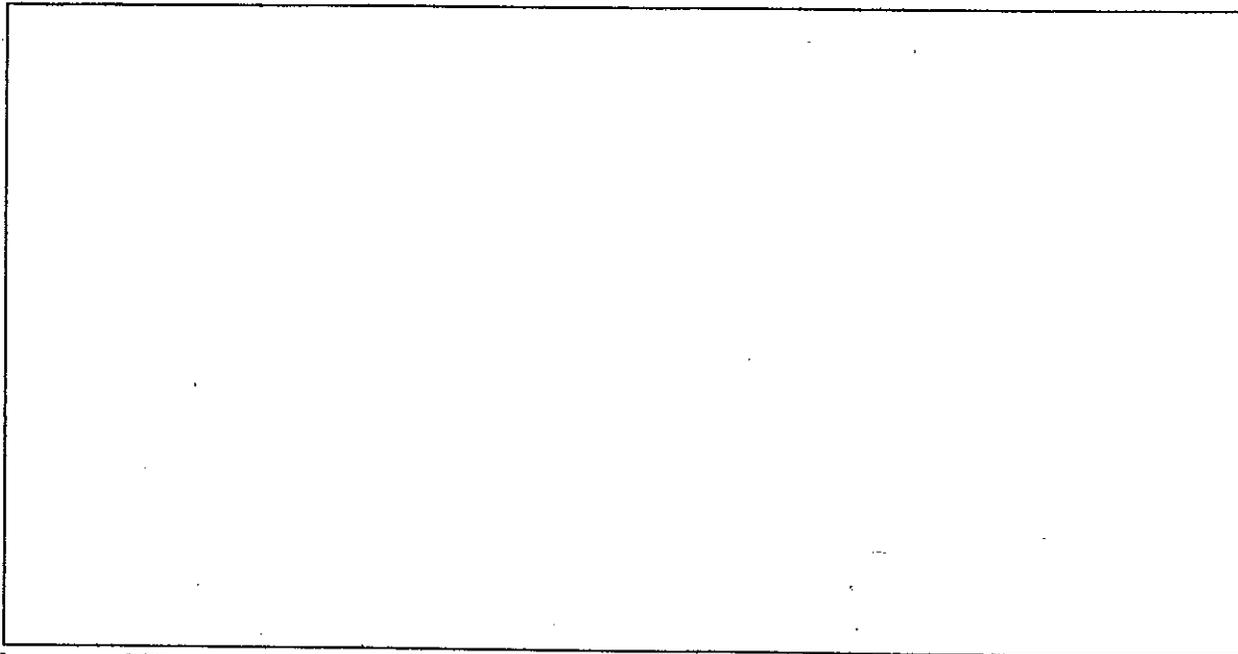
RESIDENTIAL HANDICAPPED RAMP PERMIT APPLICATION
CITY OF PORT CLINTON, OHIO
1868 E. PERRY STREET
PORT CLINTON, OHIO 43452

419.734.5522

1. LOCATION OF PROPERTY _____
2. NAME OF LAND OWNER _____
3. MAILING ADDRESS _____
4. OCCUPANT _____

The following information is necessary in order to properly review this application: Lot size: _____ feet wide by _____ feet deep

Please show all existing buildings on lot, their size and where located. Also show size and location of proposed handicapped ramp and distance from property lines and material for construction of the ramp.



Approved/Disapproved: _____, 200__

Within thirty (30) days after the need for a handicapped ramp no longer exists, or within thirty (30) days after a person with a handicap has vacated the premises for which this permit is issued, the ramp shall be removed from the premises and said premises returned to the condition it was in prior to the installation of the handicapped ramp.

Safety-Service Director

Zoning Inspector