

PERMIT # _____



City of Aurora, Ohio - Planning, Zoning and Building Division

129 W. Pioneer Trail, Aurora, OH 44202 330.562.9564 Fax: 330.562.9719 www.auroraoh.com

PAVING PERMIT APPLICATION

PLEASE PRINT:

Project Address: _____

Owner's Name: _____

Owner's Address (if different than above): _____

City _____ State _____ Zip Code _____ Phone _____

Contractor Name:** _____

Address: _____ City _____ State _____ Zip Code _____

Phone _____ Cell _____

**** All Contractors Must Be Registered With The Planning, Zoning & Building Division.**

PROJECT INFORMATION (check all that apply):

All Paving Projects Must Be Approved and Signed-Off by the Aurora Service Department.

CONCRETE:

DRIVEWAY _____
DRIVEWAY EXTENSION _____
APRON _____
SIDEWALK _____
PAD/PATIO _____
OTHER _____

ASPHALT:

DRIVEWAY _____
DRIVEWAY EXTENSION _____
APRON _____
OTHER _____

SERVICE DEPARTMENT SIGN-OFF

APPROVAL: _____

DATE: _____

TOTAL SQUARE FOOTAGE: _____

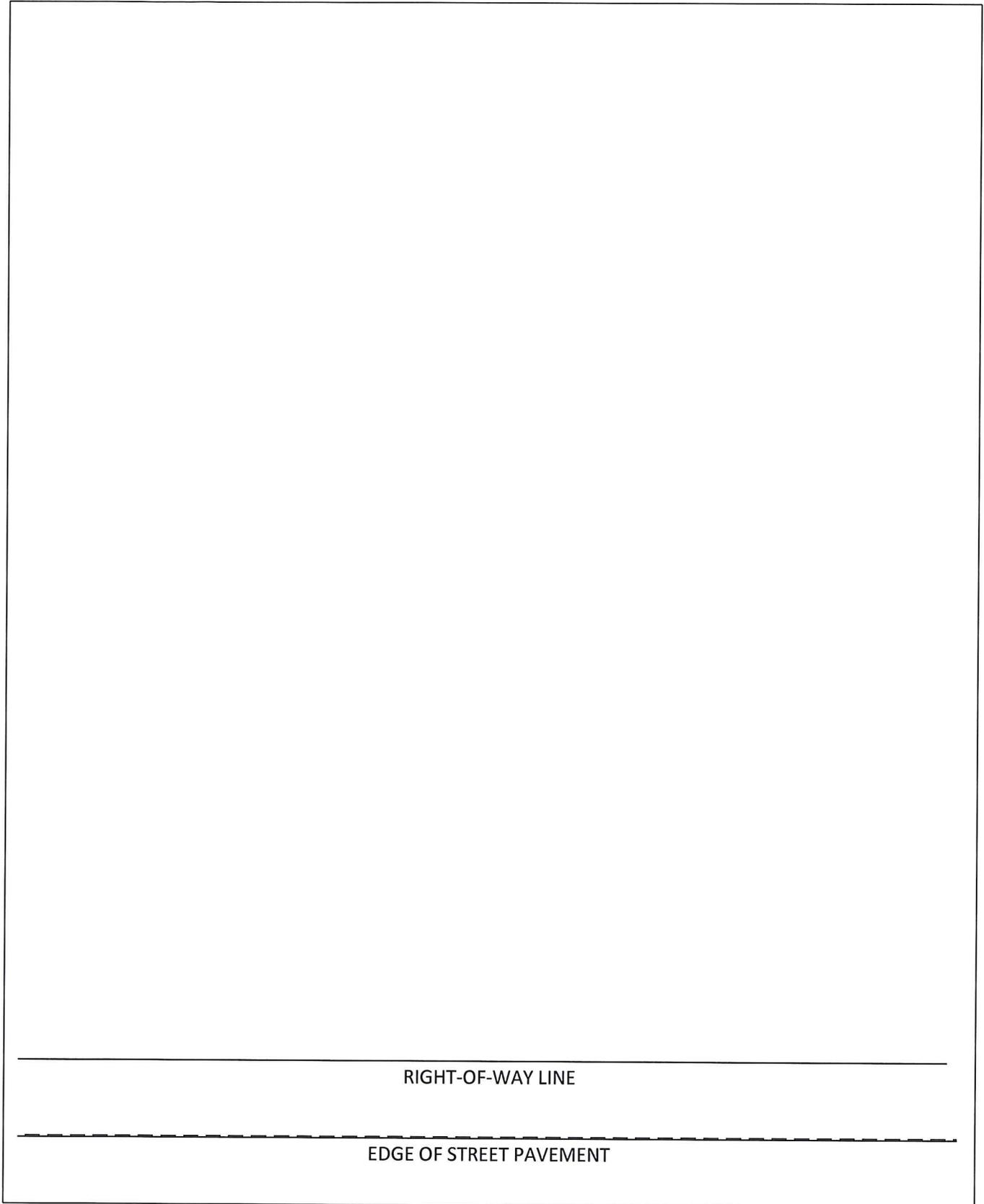
Acceptance of the permit herein applied for shall constitute an agreement on my/our part to abide by all conditions herein contained and to comply with all ordinances of the City of Aurora and the laws of the State of Ohio relating to all work to be done thereunder; and said agreement is a condition of said permit.

Applicant Signature _____

Sign & Print Name

Owner/Agent

SITE PLAN



RIGHT-OF-WAY LINE

EDGE OF STREET PAVEMENT

CENTER LINE OF STREET