



Lawrence County  
Development Permit  
5459 State Route 217 - P.O. Box 144  
Willow Wood, OH 45696  
Telephone: 740-867-4737 Fax: 740-867-5513

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Development Fee: \$50 per address (Payable to "Lawrence County" – check, cash, or money order)

**Description of Structure:**

1 Story \_\_\_\_\_ 2 Story \_\_\_\_\_ Duplex/Apartment \_\_\_\_\_ Camper \_\_\_\_\_

Mobile Home \_\_\_\_\_ Out Building/Barn \_\_\_\_\_ Other \_\_\_\_\_ or Commercial \_\_\_\_\_

**Location of Proposed Development:** \_\_\_\_\_

**IT IS MUTUALLY AGREED THAT:**

1. This agreement authorizes the Lawrence Soil and Water Conservation District, or its representatives to perform duties related to their job on Landowner's property.
2. Neither the District or its representatives, nor the landowner or operator, will be liable for any damages to the other's property in carrying out the provision of the agreement, unless such damage is caused by negligence or misconduct.
3. Signing this agreement, will allow the Lawrence Soil and Water Conservation District and/or its representative access to my property for the purpose of floodplain, storm water or urban inspections, house numbering, site investigations, repairs, retrievals, farm visits, and any other functions required to perform the duties related to their job.
4. This Cooperative Conservation Agreement shall remain effective until terminated by either the landowner, the Soil and Water District, by transfer of ownership of the land, or said agreement is completed and finalized.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Floodplain Determination**

Is site in a Special Flood Hazard Area? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, a Floodplain Development Permit is required)

**911 Address**

Fee Paid: Yes \_\_\_\_\_ Receipt No: \_\_\_\_\_ Permit No: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ New Address \_\_\_\_\_

District Supervisor \_\_\_\_\_ Agreement Number \_\_\_\_\_ Date \_\_\_\_\_