

Notice of Building Improvement or New Construction

Date: _____ Parcel: _____
Property Owner Name: _____
Location Address of New Construction: _____
Mailing Address of Property Owner: _____
Email Address: _____ Phone Number: _____
Type of Improvement: _____ Dimensions: _____
Additional Description: _____
Estimated Cost \$ _____ Did you Build or construct yourself?
Contractor Name: _____ Phone # _____
Date Started: _____ Date Finished: _____
Signature: _____

Please return completed form to:
Morrow County Auditor
48 East High Street Room #7
Mount Gilead, OH 43338
419.946.4060