APPLICATION FOR ZONING PERMIT
COMMUNITY PLANNING and ECONOMIC DEVELOPMENT
20 W. Federal Street
330-742-8842

Date: _____________________________

The undersigned applies for a zoning permit for the use herein described, such permit to be issued on the basis of the information contained within and attached to this application. The applicant hereby certifies that all information is true and correct. The applicant is required to submit duplicate copies of a plan drawn to scale, showing the shape and dimensions of the lot, the size and location of existing buildings on the lot and the location and dimensions of the proposed building, alteration or addition. NO ZONING PERMIT WILL BE ISSUED WITHOUT A PLOT PLAN.

TO BE FILLED OUT BY APPLICANT:

__________________________________
Name of Applicant

__________________________________
Name of Property Owner

Mailing Address/ Daytime Phone

Mailing Address/ Daytime Phone

Application is hereby made to (describe intended use):

__________________________________

City Lot/Outlot ____________________ Located at ____________________________

Lot Width________________________ Lot Depth________________________ Lot Area____________

__________________________________
Applicant’s Signature

TO BE COMPLETED BY PLANNING DEPARTMENT:

Existing Zoning

Yard Space Requirements:

Front Yard Setback

Side Yard Setback

Rear Yard Setback

Height Limits

Parking:

Proposed Development subject to Design Review: Yes ________ No ________

Proposed Development subject to Historic District Review: Yes ________ No ________

Proposed Development subject to Floodplain Review Yes ________ No ________

Design Review/Historic Case Number: __________

Date of Approval: ____________________________

Restrictions, if any: ____________________________________________________________

Zoning Permit Approved: ________ Denied: ________ By: __________________________

If application denied, reason for denial: __________________________________________

__________________________________

(Zoning Permit Fee Fee Paid ____________ Receipt # ____________) is paid as per Ord. # 13-56)