



APPLICATION FOR ZONING PERMIT
ZONING DEPARTMENT
26 S. Phelps St., 5th Floor
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

Mailing Address/ Daytime Phone

Name of Property Owner

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 ZONING DEPARTMENT:

Yard Space Requirements: Existing Zoning _____
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
As per Ord. # 13-56)

Fee Paid _____

Receipt # _____