

# ACCESSORY STRUCTURE PERMIT APPLICATION

(Decks, Sheds, Garages, Pole Barns, etc.)  
(Last Updated 07/09/2020)



## INSTRUCTIONS

1. Please complete and mail completed application to City of Youngstown Planning and Zoning Department, Youngstown City Hall, 26 S. Phelps St. 4th Floor, Youngstown, OH 44503.
2. Include **\$25.00** application fee (via check, cash, or money order) made payable to the City of Youngstown.
3. You must include a site plan (see attached) of your proposed accessory structure to this permit application.

**\*\*YOUR APPLICATION WILL BE REJECTED IF YOU DO NOT INCLUDE PAYMENT AND DRAWING\*\***

### PROPERTY INFORMATION

Street Address			
Parcel ID Number			
Type of Project (Check One)	<input type="checkbox"/> Front Porch	<input type="checkbox"/> Attached Garage/Carport	<input type="checkbox"/> Shed
	<input type="checkbox"/> Back Porch	<input type="checkbox"/> Detached Garage/Carport	<input type="checkbox"/> Pole Barn

### APPLICANT INFORMATION

Name	
Residential Address	
Phone Number	
Email Address	
Owner's Name and Phone (If Different)	

### STRUCTURE INFORMATION

Dimensions of Proposed Structure	Length (ft)	Width (ft)	Height (ft)
Total Square Feet of Proposed Structure			
Are there other accessory structures (detached garages or sheds) on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the total square feet of the existing structure?			
If yes, is that structure being removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### SETBACK INFORMATION

*Note: The "setback" is how far your proposed structure is from the neighboring property lines or street*

Front (ft)	Rear (ft)	Side (ft)
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### SIGNATURE

The undersigned hereby certifies that the information contained in this application is true and accurate; that he or she consents to agents of the City entering the premises for inspection and verification of information submitted; and, if a permit is issued, to verify conformance to requirements and conditions of issuance.

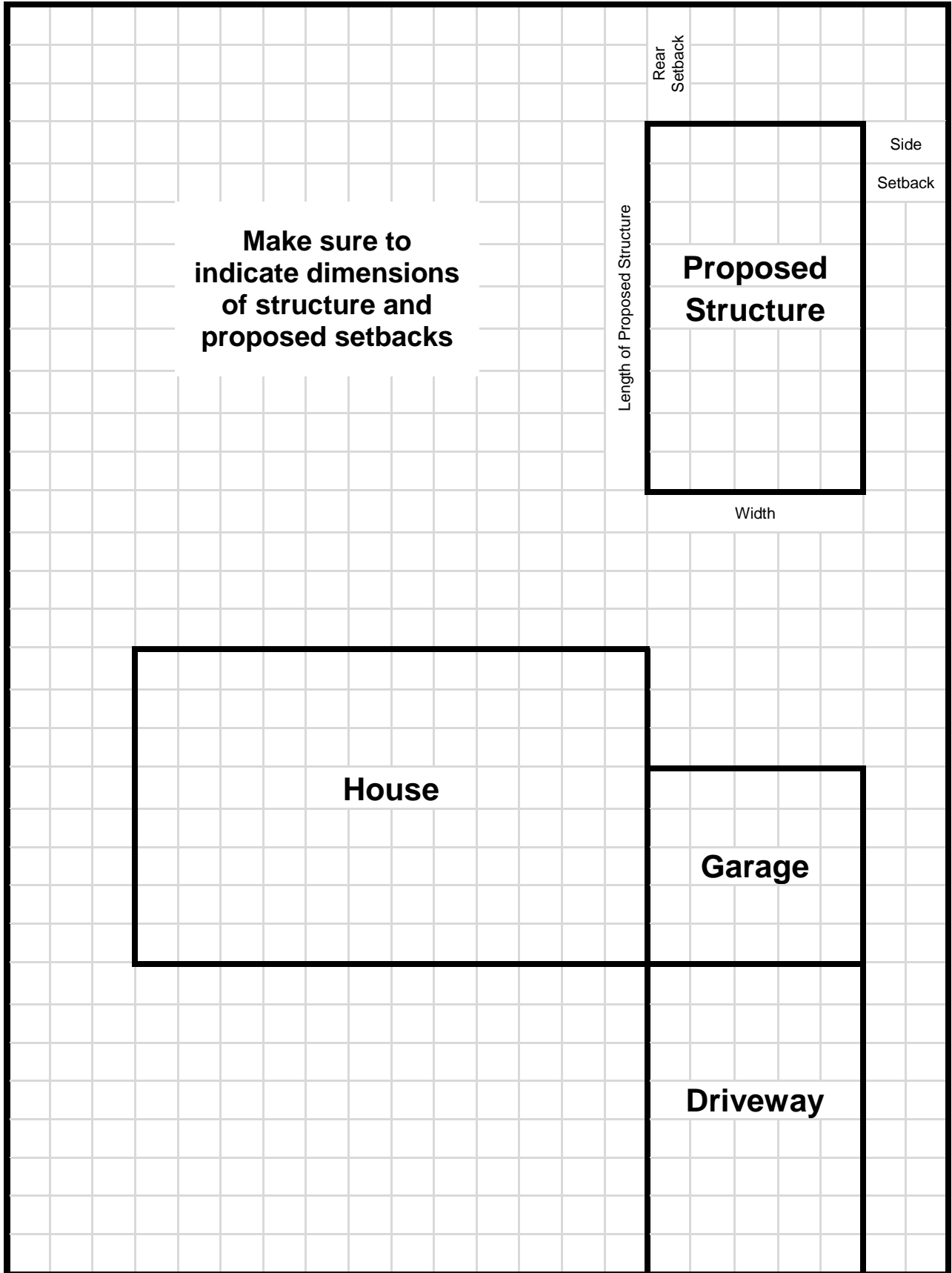
Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### CITY OFFICE USE ONLY

Date Processed:	Sq. Foot Legal <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee: \$25.00
Staff Initials:	Setback Legal <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No
DR/HDR/FPR: <input type="checkbox"/> Yes <input type="checkbox"/> No	Use Legal <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt #
Status of Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other	By: _____	
Reason for Denial (if Applicable): _____		

# SITE PLAN TEMPLATE



**APPLICANT'S SITE PLAN**

