



**INSTRUCTIONS**

1. Please complete the following application and mail to City of Youngstown Zoning Dept., Youngstown City Hall, 26 S. Phelps St. 5th Floor, Youngstown, OH 44503.
2. Please also include a permit application fee (via check, cash, or money order) in the amount of **\$500.00** and made payable to the City of Youngstown.
3. Applicant understands that this application is made to request a waiver to establish a Group Home within a 200-mile radius of another Group Home.
4. This application must be submitted 14 days prior to the next Planning Commission meeting to be put on that meeting's agenda.

**APPLICANT INFORMATION**

Date of Application	
Name of Applicant	
Mailing Address	
Phone Number	
Email Address	

**PROPERTY INFORMATION**

Owner Name	
Phone Number	
Email Address	
Mailing Address	
City Lot Number	
Description of Group Home to be Established	

**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:	Design Legal <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee: \$500.00
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	Materials 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):		