



**HOME OCCUPATION/CONDITIONAL USE/  
CHANGE OF USE APPLICATION**

City of Findlay, Zoning Office, 304 Municipal Building  
318 Dorney Plaza, Findlay, Ohio 45840  
(419) 424-7108; Fax (419) 424-7120

CPC # \_\_\_\_\_

Date of Review: \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED! LACK OF INFORMATION OR DETAILS ON PLANS WILL RESULT IN THE APPLICATION NOT BEING PROCESSED.**

Submit two (2) site plans drawn to scale showing actual size, dimensions, and shape of the lot, with corner pins shown; existing and proposed buildings or structures, their floor plan, their distance to lot lines, parking layout and dimensions, and other information that is essential to the permit and work being performed on the property.

**Please Print**

Address of Construction: \_\_\_\_\_

Lot Number & Subdivision Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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Applicant if not Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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Contractor: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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Existing use of property?: \_\_\_\_\_

Proposed use of property? \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Existing parking spaces: \_\_\_\_\_ Proposed: \_\_\_\_\_

Screening Level: 1 2 3                      Option 1 2 3

Describe any alteration being made to the building or site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Alterations to commercial buildings or dwelling containing more than three (3) units may require Wood County Building Inspection Permits (419) 354-9190.*

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**If the property is in the flood hazard area, a Flood Development Permit will also be required.**

As specified in Section 1165.08 and 1199.09 (falsification), I, the undersigned, do hereby certify that all of the above statements are true to the best of my knowledge, and understand that any deviation, change or alteration not included or shown on these plans will nullify the approval. I further understand that the permit, when issued, is valid for one year from date of issuance.

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

12/22/2011

**For office use only!**

Lot width \_\_\_\_\_ X length \_\_\_\_\_ = area \_\_\_\_\_

Existing Bldg area \_\_\_\_\_ + additional area \_\_\_\_\_ = total \_\_\_\_\_

Total Bldg Area \_\_\_\_\_ ÷ Lot area \_\_\_\_\_ = % lot coverage \_\_\_\_\_

Corner Lot? Yes / No                      Zoning District \_\_\_\_\_ Flood Zone \_\_\_\_\_

Sidewalk? \_\_\_\_\_ Curb cut? \_\_\_\_\_

Screening level: 1   2   3   Option   1   2   3   Lighting: \_\_\_\_\_

Density \_\_\_\_\_ Multi-Family Bldg Separation \_\_\_\_\_

Fire Prevention? Yes / No

Airport height? Yes / No              Community Reinvestment? Yes / No              Design Review? Yes / No

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Notes of Review:

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Granted      Denied      by: \_\_\_\_\_ Date \_\_\_\_\_

Conditions and/or comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee \$ \_\_\_\_\_

Application #: \_\_\_\_\_