



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

CPC # _____

Date reviewed _____

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 dimension, and other information that is essential to the permit and property.

Please Print

Address of Construction (unless new building): _____

Lot Number & Subdivision Name: _____

Owner: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

 Applicant if not Owner Name: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

 Contractor: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

 Existing use of property?: _____

Estimated cost of construction: \$ _____ Corner Lot? Yes/No _____

Screening: Level 1 2 3 _____ Option: 1 2 3 _____

Lighting: _____

Size of existing parking lot: _____ Number of cars? _____

Size of proposed parking lot: _____ Number of cars? _____

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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 issued is valid for one (1) year from date of issuance.

Signature: _____ Date: _____

12/21/2011

Date received: _____

For office use only!

Lot width _____ X length _____ = area _____

Existing bldg area: _____ + additional area _____ = total _____

Corner lot? yes/no Zoning District: _____ Flood zone: _____

Sidewalk?: _____ curb cut?: _____

Screening level: 1 2 3 Option 1 2 3 Lighting: _____

Fire prevention? yes/no run-off calcs approved?: _____

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Notes of Review:

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Granted Denied by: _____ Date _____

Conditions and/or comments:

Fee \$ _____

Application #: _____