



**ZONING PERMIT APPLICATION
ROOM REPLACEMENT**

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

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

Only a copy of the tax card and the application is necessary. If the room being replaced encroaches another property or City right-of-way, the encroachment must be eliminated.

Please Print

Address of Construction (unless new building): _____

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?: _____ Existing dwelling units?: _____

Estimated value of construction: \$ _____ Corner Lot? Yes / No _____
If Yes, give side street name

Size of room to be replaced: _____

Describe construction: _____

Describe use: _____

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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: _____
2/25/2016

Date received: _____

For office use only!

Lot width _____ X length _____ = area _____

Existing Bldg area _____ + area being replaced _____ = total _____

Corner Lot? Yes / No Zoning District _____ Flood Zone _____

Encroachment: Yes _____ No _____

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Notes of Review:

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Granted Denied by: _____ Date _____

Conditions and/or comments:

Fee \$ _____

Application #: _____