

NO. _____
FEE _____
VALUATION _____
DATE _____

CITY OF ONTARIO, OHIO
APPLICATION FOR ZONING PERMIT

1. APPLICANT'S NAME _____
ADDRESS _____
Ph. _____

2. OWNER'S NAME _____
ADDRESS _____
Ph. _____

LOCATION OF PROPERTY _____ Lot _____

4. ZONING DISTRICT _____

5. APPLICANT HEREBY APPLIES FOR A ZONING PERMIT FOR THE FOLLOWING USE:

| | |
|-------------------------------------|--------------------------------|
| _____ ONE-FAMILY DWELLING UNIT | _____ TWO-FAMILY DWELLING UNIT |
| _____ MULTI-FAMILY DWELLING UNIT | NO. OF UNITS _____ |
| _____ ACCESSORY BUILDING (DESCRIBE) | _____ |
| _____ OTHER RESIDENTIAL USE | _____ BUSINESS |
| _____ OFFICE USE | _____ WAREHOUSE |
| _____ INDUSTRIAL USE | _____ OTHER USE |
| DESCRIBE _____ | |
| _____ | |

PARCEL DESCRIPTION

FRONTAGE _____ DEPTH _____ AREA _____

BUILDING DESCRIPTION

DIAMETER _____ HEIGHT _____ No. of Stories _____

SETBACKS

SIDE _____ SIDE _____ Front _____ Rear _____

SEWER SYSTEM

PUBLIC OR EPA APPROVED _____ PRIVATE _____

APPLICANT'S SIGNATURE

PLANNING COMMISSION APPROVAL (DATE) _____

BASED UPON THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ACCOMPANYING SITE PLAN, A ZONING CERTIFICATE IS APPROVED / DENIED.

REASON FOR DENIAL _____

DATE _____

Dan Herrold

ZONING INSPECTOR

APPLICANT ACKNOWLEDGES THAT CONSTRUCTION OR USE OF THIS LAND IS AUTHORIZED ONLY IN ACCORDANCE WITH THE REPRESENTATIONS ON THIS APPLICATION AND ACCOMPANYING SITE PLAN AND MUST CONFORM WITH ALL PROVISIONS OF THE ONTARIO ZONING ORDINANCE.

SEPARATE PERMITS MAY BE NEEDED FROM THE RICHLAND COUNTY CODES AND PERMITS DEPARTMENT, RICHLAND COUNTY HEALTH DEPARTMENT AND THE CITY OF ONTARIO WATER DEPARTMENT.