

ZONING APPLICATION

Zoning Permit: Change of Use:

Total Cost of Project: \$

FEE	\$ <input type="text"/>
PERMIT #	ZP- <input type="text"/>
DATE:	<input type="text"/>
<i>Office Use Only</i>	

1. APPLICANT/CONTRACTOR _____ Same as Owner

Address _____

Email: _____ Ph. _____

2. OWNER'S NAME _____

Address _____

Email: _____ Ph. _____

3. LOCATION OF PROPERTY _____ Lot # _____

4. ZONING DISTRICT: Abutting Residential District? Yes No N/A

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

ONE-FAMILY DWELLING UNIT MULTI-FAMILY DWELLING: # OF UNITS _____

TWO-FAMILY DWELLING UNIT: Duplex Condo Zero-Lot Line

ACCESSORY: Shed Deck Patio Roof Detached Garage Pool Addition Other*

OTHER RESIDENTIAL USE BUSINESS

OFFICE USE WAREHOUSE

INDUSTRIAL USE OTHER USE* CHANGE USE*

*Additional Info: _____

PARCEL DESCRIPTION (New Construction, Additions)

FRONTAGE _____ DEPTH _____ AREA _____

BUILDING DESCRIPTION

SQ. FT. _____ LENGTH / WIDTH / HEIGHT _____ / _____ / _____ No. of Stories _____

SETBACKS from property lines (Shown on Sketch)

SIDE _____ SIDE _____ FRONT _____ REAR _____

SEWER SYSTEM (New Construction)

PUBLIC OR EPA APPROVED (City)

PRIVATE/SEPTIC SYSTEM

APPLICANT'S SIGNATURE

OWNER/BUILDER ACKNOWLEDGMENT

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:

- Richland County Building Department (419) 774-5517 or RichlandCountyOH.gov
- Richland County Health Department (419) 774-4533 or RichlandCountyOH.gov
- Ontario Water/Sewer Department (Tap Fees) (419) 529-4607
- Contractor's License & Subcontractor List (City of Ontario Income Tax Department) (419) 529-3045
- Engineer (City of Ontario) inspection fees during construction may apply

To be filled out by Zoning Inspector:

PERMIT # ZP-_____

BASED UPON THE INFORMATION CONTAINED IN THIS APPLICATION & THE ACCOMPANYING SITE PLAN,
A ZONING CERTIFICATE IS:

APPROVED or DENIED

ZONING INSPECTOR

APPROVAL DATE

PLANNING COMMISSION APPROVAL (DATE) _____

Not Applicable

REASON FOR DENIAL _____

DENIAL DATE