

Fee:
Residential: \$40.00
Commercial: \$120.00

APPLICATION FOR ZONING PERMIT

Port Clinton Planning Commission
1868 East Perry Street
Port Clinton, Ohio 43452

Phone: 419-734-5522

Fax: 419-734-1043

Date of Application ____/____/____

Permit Number _____

The undersigned hereby applies for a zoning permit for the following use, to be issued on the basis of the representations contained herein, all of which applicant says are true.

1. Location of Property _____
2. Occupant of Property _____ Phone _____
3. Name of Property Owner _____ Phone _____
4. Address of Property Owner _____
5. Proposed Use (explain) _____

- | | |
|-------------------------------------|--------------------|
| ____ New Construction | ____ Business |
| ____ Remodeling | ____ Manufacturing |
| ____ Accessory Building | ____ Pool |
| ____ Residence ____ No. of Families | ____ Other |
| ____ Change in Use Only | |

6. Attach a sketch of lot showing existing buildings and proposed construction or use for which application is made. Give dimensions of construction, indicate north and provide the following information:

- | | |
|--|--|
| 1. Main road frontage ____ feet | 5. Depth of lot from right-of-way
____ feet |
| 2. Setback from road right-of-way
____ feet | 6. Dimensions of new construction
Width ____ feet
Length ____ feet |
| 3. Side Yard Clearance
____ side ____ feet
____ side ____ feet | 7. Highest point of building
the established grade ____ feet |
| 4. Rear Yard Clearance ____ feet | |

Zoning Inspector _____ Fee Due: _____ Date: _____

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7. Buildings Use _____

Number of Stories _____ Basement _____ Yes _____ No

Useable floor space designed for use as living quarter, exclusive of basements, porches, garages, breezeways, terrace, attics or partial stories:

First Floor _____ square feet

Second Floor _____ square feet

Off Street Parking _____ number of spaces

******* Access must remain available to water meters, water meter pits and / or water meter remotes *******

8. Address of adjoining property owners:

Each Side:

Rear

9. Remarks:

Signature of Applicant _____ Date _____