

APPLICATION FOR ZONING PERMIT  
**RESIDENTIAL**

Date: \_\_\_\_\_

APPLICATION No.: 20 \_\_\_\_\_

THE UNDERSIGNED APPLIES FOR A ZONING PERMIT FOR THE FOLLOWING USE, SAID PERMIT TO BE ISSUED ON THE BASIS OF INFORMATION CONTAINED WITHIN THIS APPLICATION. THE APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION AND ATTACHMENTS TO THIS APPLICATION ARE TRUE AND CORRECT. THE APPLICANT IS REQUIRED, IN ADDITION TO THE INFORMATION REQUESTED ON THIS FORM, TO SUBMIT PLANS, IN TRIPPLICATE AND DRAWN TO SCALE, SHOWING THE ACTUAL DIMENSIONS AND SHAPE OF THE LOT, EXACT SIZES AND LOCATIONS OF EXISTING BUILDINGS ON THE LOT, AND THE LOCATION AND DIMENSIONS OF THE PROPOSED BUILDINGS OR ALTERATIONS.

- 1) Applicant Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) Address of Property : \_\_\_\_\_ Lot No. \_\_\_\_\_ Subdivision/Plat Name: \_\_\_\_\_
- 3) County Auditor's Record: Parcel ID No. \_\_\_\_\_ Zoning District \_\_\_\_\_
- 4) Name of Land Owner \_\_\_\_\_ Phone: \_\_\_\_\_
- 5) Occupant Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_
- 6) Name of Contractor (N/A if performing the work yourself) \_\_\_\_\_ Phone: \_\_\_\_\_
- 7) Proposed Activity or Use:

Type: New Construction \_\_\_ Addition \_\_\_ Occupancy Only \_\_\_ Remodeling \_\_\_ Other \_\_\_  
 Use: Single Family \_\_\_ # of Bedrooms \_\_\_ Multi-Family \_\_\_ No. of Units \_\_\_ No. of Bldgs. \_\_\_  
 No. bedrooms in each Bldg. \_\_\_\_\_

8) Please **ATTACH** a sketch of the lot(s) **showing existing buildings and proposed construction or use** for which application is made. (Fill in all dimensions and indicate North). Attach three (3) copies of sketch to this application

- a) Main road frontage \_\_\_\_\_ feet (Lot width)
- b) Depth of lot from right-of-way \_\_\_\_\_ feet
- c) Dimensions of building/addition:  
 Width \_\_\_\_\_ feet  
 Depth \_\_\_\_\_ feet
- d) Highest point of building above the established grade \_\_\_\_\_ feet
- e) Front yard set back from road right-of-way \_\_\_\_\_ feet
- f) Side yard clearance:  
 \_\_\_\_\_ side \_\_\_\_\_ feet  
 \_\_\_\_\_ side \_\_\_\_\_ feet
- g) Rear yard clearance \_\_\_\_\_ feet
- h) Lot size \_\_\_\_\_ sq. ft., or \_\_\_\_\_ acres
- i) Contract or Estimated Construction Cost: \_\_\_\_\_

9) Usable floor space designed for use as living quarters, exclusive of basements, porches, garages, attics:

Square Feet: First Floor \_\_\_\_\_; Second Floor \_\_\_\_\_; Third Floor \_\_\_\_\_; Fourth Floor \_\_\_\_\_ TOTAL \_\_\_\_\_  
 Number of Stories \_\_\_\_\_ Number of off street parking spaces \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Filed with Planning Department \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_

Based upon the statements in this Application No. 200 \_\_\_\_\_, and the requirements of the Zoning Code of the City of New Carlisle, Ohio this application is:

\_\_\_\_\_ Approved / \_\_\_\_\_ Denied

Date Application ruled on: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

NOTE: Additional Permits Required:

Clark County Building Permit