

CITY OF NEW CARLISLE, OHIO
Application for Zoning Permit

PERMIT NO. _____	DATE STAMP _____
PROJECT ADDRESS: _____	
ZONING DISTRICT: _____	LOT NO. _____
PROPERTY OWNER(S): _____	
OWNER'S ADDRESS: _____	
HOME PHONE: _____	CELL PHONE: _____
CONTRACTOR'S NAME: _____	
BUSINESS PHONE: _____	CELL PHONE: _____
NATURE OF WORK: <input type="checkbox"/> REPAIR/REMODEL <input type="checkbox"/> CONSTRUCT <input type="checkbox"/> FENCE <input type="checkbox"/> ACCESSORY BLDG. <input type="checkbox"/> POOL <input type="checkbox"/> SIGN <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> OTHER	
DESCRIPTION OF PROJECT (INCLUDE DIMENSIONS, AREAS, HEIGHTS, USES): _____ _____ _____	

ATTACH A DETAILED SITE DRAWING SHOWING DIMENSIONS OF EXISTING LOT, LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES, DIMENSIONS, SETBACKS, AND HEIGHTS OF ALL STRUCTURES AND ALL EXISTING AND PROPOSED USES.

THE OWNER CERTIFIES THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF HIS KNOWLEDGE AND AGREES TO COMPLY WITH ALL CITY OF NEW CARLISLE, OHIO ORDINANCES AND ZONING REGULATIONS.

OWNER'S SIGNATURE: _____ DATE: _____

CITY USE ONLY

DATE FILED: _____ DATE APPROVED/DENIED: _____ FEE: _____

CONDITIONS: _____

AUTHORIZED SIGNATURE: _____

CONTACT OHIO UTILITIES PROTECTION SERVICE BEFORE DIGGING AT 1-800-362-2764.
CONTACT CLARK COUNTY FOR BUILDING PERMITS AT 937-521-2160.
NOTE THAT PLAT COVENANTS AND RESTRICTIONS MAY APPLY.