



**APPLICATION FOR ZONING PERMIT**  
**Baltimore, Ohio**

**Application No.** \_\_\_\_\_

The undersigned applies for a Zoning Permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant 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 triplicate 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 building or alterations.

1. **Location Description:** Subdivision Name: \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Block \_\_\_\_\_ Lot No. \_\_\_\_\_  
(If not located in a platted subdivision attach a legal description)
2. **Name of Owner:** \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_
3. **Existing Use:** \_\_\_\_\_
4. **Property Presently Zoned As:** \_\_\_\_\_
5. **Proposed Use:**  
New Construction \_\_\_\_\_ Business \_\_\_\_\_  
Remodeling \_\_\_\_\_ Industry \_\_\_\_\_  
Accessory Building \_\_\_\_\_ Sign \_\_\_\_\_ Size \_\_\_\_\_  
Residence \_\_\_\_\_ No. of Units \_\_\_\_\_ Other (explain) \_\_\_\_\_  
\_\_\_\_\_
6. **Type of Sewage Disposal:** \_\_\_\_\_
7. **Percentage of Lot to be Occupied:** \_\_\_\_\_ %
8. **Lot:** Width \_\_\_\_\_ Lot Depth \_\_\_\_\_ Lot Area \_\_\_\_\_
9. **Square Feet:** of living area (residences) \_\_\_\_\_ sq. ft.

Garage \_\_\_\_\_ Basement \_\_\_\_\_ Accessory Building \_\_\_\_\_  
Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Office \_\_\_\_\_

10. **Building Heights:** Stories \_\_\_\_\_ Feet \_\_\_\_\_
11. **Yard Dimensions:** Front \_\_\_\_\_ Rear \_\_\_\_\_  
One Side \_\_\_\_\_ Sum of Side Yards \_\_\_\_\_
12. **Accessory Building Dimensions:** Height \_\_\_\_\_ Side Dimensions \_\_\_\_\_
13. **Number of Off-Street Parking Spaces to be Provided:** \_\_\_\_\_
14. **Number of Off-Street Loading Berths to be Provided:** \_\_\_\_\_
15. On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

**Note: This permit shall be void if work is not started within one (1) year or completed within two (2) years.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(For Official Use Only)**

**Date Received:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_

**Date of Action on Application:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**If application is denied, reason for denial:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referred to Board of Zoning Appeals: (Date)** \_\_\_\_\_

**Action Taken by Board of Zoning Appeals:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Chairman :** \_\_\_\_\_

**Chairman's Signature:** \_\_\_\_\_

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