

APPLICATION FOR ZONING APPROVAL

TO THE APPLICANT: Complete section 1-5 and return to the Zoning Administrator Office, Community Development Department, 401 Market Street, Zanesville, OH 43701. Telephone No. 740.455.0617.

SECTION 1: LOCATION OF PROPERTY

Street Name and Number: _____

on the {north, south, east, west}(circle one) side of the street,

between the intersections of _____ and _____.

SECTION 2: OWNERSHIP OF PROPERTY

_____ Owner Name: _____

Address: _____

_____ Agent Company: _____

Address: _____

SECTION 3: TYPE OF PROJECT

A survey Plat showing lot boundary lines, existing buildings and proposed structures along with dimensions must be submitted with the application.

_____	New Construction	_____	Addition to existing building
_____	Parking Lot	_____	Swimming Pool
_____	Sign	_____	Fence
_____	Other: _____		

Description of Project: _____

CONTINUE ON THE BACK SIDE

SECTION 4: ZONING INFORMATION

Existing use of Property: _____ Vacant Lot _____ Single-Family Residential
_____ Two-Family Residential _____ Multi-Family Residential
_____ Commercial _____ Industrial

SECTION 5: VALIDATION

The **OWNER** of the property referenced above and the **UNDERSIGNED** agree to conform to all applicable zoning laws of the City of Zanesville and does attest to the correctness of the data furnished with this application and that no part of the land involved in this application has been previously used to provide required yard space or lot area for another structure.

Signature of Applicant: _____

Mailing Address: _____

Daytime Phone No.: (_____) _____ - _____ Date: _____ / _____ / _____

DO NOT WRITE IN AREA BELOW

Zoning District: _____

Existing Use: _____ Permitted _____ Conditional _____ Non-Conforming

Required Setbacks: _____ Front _____ Rear _____ Side _____ Corner Side

Zoning Approval: _____ Approved **Approval No.** _____

_____ Denied Appeal No. _____

Zoning Administrator _____ / _____
Date

Remarks: Check with the Building Department (455-0646) for any other permits needed.

