

# **ZONING ORDINANCE**

## **Section 502 – Contents of Application for Zoning Permits**

The application for a zoning permit shall be signed by the owner or applicant attesting to the truth and exactness of all information supplied on the application.

*At a minimum, the application shall contain the following information:*

- Name, address, and phone number of applicant.
- Legal description of property.
- Existing use.
- Proposed use.
- Zoning district
- Two copies of plans drawn to scale showing the actual dimensions and the shape of the lot to be built upon; the exact size and location of existing buildings on the lot, if any; and the location and dimensions of the proposed buildings or alteration.
- Building heights.
- Number of off-street parking spaces or loading berths.
- Number of dwellings.
- Such other matters as may be necessary to determine conformance with and provide for the enforcement of this ordinance.

**APPLICATION FOR ZONING PERMIT  
PAYNE, OHIO**

Form No. 1

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

The undersigned applies for a zoning permit for the following use, issued on the basis of the 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 one set of plans 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. **Name of Owner:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Location of Development: \_\_\_\_\_
2. **Location Description:**  
Subdivision Name: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot No. \_\_\_\_\_  
(If not located in platted subdivision attach a legal description).
3. **Existing Use:** \_\_\_\_\_
4. **Property Presently Zoned As:** \_\_\_\_\_
5. **Flood Insurance Zone Designation:** Zone AE \_\_\_\_\_ Zone A \_\_\_\_\_ Zone X \_\_\_\_\_  
(if Zone A or other is marked see: Special Flood Hazard Area Development Permit Application)  
(All information used for #5 is obtained from the Flood Insurance Rate Map 390439 0001 B).
6. **New Property Use:**  
New Construction: \_\_\_\_\_  
Business: \_\_\_\_\_  
Remodeling: \_\_\_\_\_ Industry: \_\_\_\_\_  
Accessory Building: \_\_\_\_\_ Sign: \_\_\_\_\_ Size: \_\_\_\_\_  
Residence: \_\_\_\_\_ Apt No. of Units: \_\_\_\_\_  
Fence: \_\_\_\_\_ Other: (explain) \_\_\_\_\_  
(If proposed use is business or industry enclose a detailed description of the nature of the business or industry).
7. **Type of:**  
Sewage Disposal: \_\_\_\_\_ Storm Disposal: \_\_\_\_\_
8. **Percentage of lot to be occupied:** \_\_\_\_\_ %
9. **Lot:**  
Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_
10. **Square Feet of New:**  
Living Area (residents): \_\_\_\_\_ sq. ft. Garage: \_\_\_\_\_ Basement: \_\_\_\_\_  
Accessory Bldg: \_\_\_\_\_ Office: \_\_\_\_\_ Industrial: \_\_\_\_\_  
Commercial: \_\_\_\_\_
11. **Building Heights (beginning at lowest level):**  
Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

Form No. 1

**12. Yard Dimensions:**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
One Side: \_\_\_\_\_ Sum of Side Yards: \_\_\_\_\_

**13. Accessory Building Dimensions:**

Height: \_\_\_\_\_ Side Dimension: \_\_\_\_\_

**14. Number of Off-Street Parking Spaces to be Provided:** \_\_\_\_\_

(This is a requirement for apartments) \_\_\_\_\_

**Owner of Off-Street Parking Area:** \_\_\_\_\_

(You must have notarized permission from owner)

**15. Number of Off-Street Loading:** \_\_\_\_\_

**16. Other supplemental requirements or conditions;** On a separate sheet attach a list that will be met, or explain any points you feel need clarification.

**17. Estimated Value of Project:** \$ \_\_\_\_\_

**18. Estimated Time of Completion:** \_\_\_\_\_

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

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

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\*\*\* Note: Zoning Permits are to be posted prior to starting of construction or site work. Failure to comply will result in a fine.

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**(For Official Use Only)**

Date Received: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

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

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

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\_\_\_\_\_  
**Zoning Inspector**

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**(For Official Use Only)**

Date Received: \_\_\_\_\_ Date of Action on Application: \_\_\_\_\_

Waterline Location: \_\_\_\_\_

Sewer line Location: \_\_\_\_\_

Storm Location: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Relocate to: \_\_\_\_\_

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\_\_\_\_\_  
**Administrator**

\*\*\*Note: This form to be filed in Triplicate.