



# APPLICATION FOR ZONING CERTIFICATE CITY OF CLYDE, OHIO

222 N. Main St. Clyde OH 43410

Zoning Office (419) 547-3587

**FORM NO. 101**

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

Date \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Location of Property: \_\_\_\_\_ Present Use \_\_\_\_\_

*Circle the* Proposed Use: New Building Garage Shed Addition Fence Pool (Above ground or in ground)  
Sign Porch/Deck (with roof or without roof) Home Occupation (Business) Use Change \_\_\_\_\_  
Other : \_\_\_\_\_

Proposed Structure:

Location: (Front/Side/Rear) \_\_\_\_\_ Dwelling Units/Bldg \_\_\_\_\_

Size \_\_\_\_\_ Total Buildings: \_\_\_\_\_

Height Ground to Highest Point \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Attachments (If required) Commercial, Industrial, Public & Multi-Family are subject to State Building Permit Requirements  
\_\_\_\_\_ Form 401 Application New Water Service Connection  
\_\_\_\_\_ Form 501 Sewer Application **NOTE: Developer/Contractor/Builder is responsible for contacting the Ohio EPA to comply with existing water/sewer regulations. Site Plan must accompany all applications. Setbacks measured from outside wall to property line, unless overhang is greater than 4 ft. Addresses must be put on all Residences & new Commercial & Industrial Buildings.**

Signature \_\_\_\_\_

## TO BE COMPLETED BY ZONING OFFICER

Proposed Use: Permitted \_\_\_\_\_ Conditional Use \_\_\_\_\_ Nonconforming \_\_\_\_\_

Zoning Certificate: Issued \_\_\_\_\_ Denied \_\_\_\_\_ Reason if denied \_\_\_\_\_

Application No. \_\_\_\_\_ Zoning District \_\_\_\_\_

In lot – Out lot No. \_\_\_\_\_ Flood Plain: Yes \_\_\_\_\_ No \_\_\_\_\_

Fees: \_\_\_\_\_

\_\_\_\_\_  
**Zoning Inspector or City Manager** **Date**

## BOARD OF ZONING APPEALS

Date Appeal Filed \_\_\_\_\_

Action Requested: Review \_\_\_\_\_ Variance \_\_\_\_\_ Conditional Use \_\_\_\_\_

Action Taken: Granted \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Date Approved \_\_\_\_\_ Effective Date \_\_\_\_\_

## CLYDE CITY COUNCIL APPEAL

Date Appeal Filed \_\_\_\_\_

Action Requested: Review \_\_\_\_\_ Variance \_\_\_\_\_ Conditional Use \_\_\_\_\_

Action Taken: Granted \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Date Approved \_\_\_\_\_ Effective Date \_\_\_\_\_