



APPLICATION FOR ZONING CERTIFICATE CITY OF CLYDE, OHIO

222 N. Main St. Clyde OH 43410 (419)547-6898

FORM NO. 101

Application No. _____

Date _____

Owner: Name _____ Phone _____

Address _____

Applicant: Name _____ Phone _____

Address _____

Location of Property _____ Present Use _____

Circle Proposed Use: New Building Garage Shed Addition Fence Pool Sign
Use Change Porch/Deck: with roof or without roof Home Occupation (Business)
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 Subject to State Building Permit Requirements
_____ Form 401 Application New Water Service Connection
_____ Form 501 Sewer Application NOTE: Developer, Contractor or builder is responsible for contacting Ohio EPA to comply with existing water/sewer regulations.

Signature _____

Site Plan must accompany application. Setbacks measured from outside wall to **property line**, unless overhang is greater than 4 ft.

TO BE COMPLETED BY ZONING OFFICER

Proposed Use: Permitted _____ Conditional Use _____ Nonconforming _____

Zoning Certificate: Issued _____ Denied _____ Reason if denied _____

Application No. _____ Zoning District _____

Inlot - Outlot 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 _____