



**ZONING PERMIT #** \_\_\_\_\_

# CITY OF MARYSVILLE

*125 E. Sixth Street  
Marysville, Ohio 43040  
937/645-1028 (fax: 937/642-6045)*

- |   |   |
|---|---|
| <input type="checkbox"/> ZONING - COMMERCIAL CONSTRUCTION | <input type="checkbox"/> ZONING - COMMERCIAL CHANGE OF USE                      |
| <input type="checkbox"/> ZONING - NEW RESIDENTIAL         | <input type="checkbox"/> ZONING - RESIDENTIAL – room addition, shed, deck, etc. |
| <input type="checkbox"/> FENCE                            | <input type="checkbox"/> SIDEWALK   |
| <input type="checkbox"/> WATER                            | <input type="checkbox"/> CURB CUT   |
| <input type="checkbox"/> SEWER TAP                        | <input type="checkbox"/> DESIGN REVIEW  |
| <input type="checkbox"/> FIRE INSPECTION                  | <input type="checkbox"/> PARKLAND IN LIEU OF DEDICATION                         |

**Applicant:** \_\_\_\_\_  owner  lessee  agent  representative  other

**Applicant's Address:** \_\_\_\_\_

**Applicant's Telephone Number:** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Owner's Telephone Number:** \_\_\_\_\_

**Address for Zoning Permit:** \_\_\_\_\_

**Existing use of property:** \_\_\_\_\_ **Proposed use of property:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_ **Property in Flood Zone:** Yes  No

**Certificate of Appropriateness required by Design Review Board** Yes  No

**Complete Description of Request:** \_\_\_\_\_

- Plans in triplicate drawn to scale, showing the actual dimensions and the shape of the lot to be built upon; the exact size and location of existing building on the lot, if any; and the location and dimensions of the proposed building(s) or alteration (at Zoning Inspector discretion) attached: Yes  No
- Landscaping Plan submitted and approved as required in Codified Ordinance Chapter 1140: Yes  No
- Irrigation System to be installed Yes  No  If to be installed, Backflow preventor is required RPZ per Marysville Specs.
- Fire line to be installed: Yes  No 

Limited Area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	# of heads	_____
Fire Service Line Size	Yes <input type="checkbox"/>	No <input type="checkbox"/>	# of heads	_____

**Building heights:** \_\_\_\_\_ **Number of dwelling units:** \_\_\_\_\_ **Number of off-street parking spaces or loading berths:** \_\_\_\_\_

Such other matters as may be necessary to determine conformance with and provide for enforcement of Zoning Ordinance may be requested by the Zoning Inspector.

Work to begin on or about \_\_\_\_\_ and will require approximately \_\_\_\_\_ days.

- All Zoning Permits shall be conditional upon the commencement of work within six months, and may be revoked if work has not been substantially completed within one and one half years.
- New construction required to follow grading improvements, as per plans submitted and approved by the City Engineer
- The applicant agrees to properly protect all excavations where applicable.
- The applicant agrees to restore all disturbed surfaces to at least their original condition, where applicable.
- The applicant agrees to comply with the information contained on this permit; with the plans submitted in accordance with this permit; with the Standard Construction Specifications of the City of Marysville; and agrees to comply with all conditions, modifications, restrictions, and/or regulations of the City of Marysville.
- 24 hour advance notice required for inspection of sewers, sidewalks, curb cuts and water taps.

**As the applicant, I attest to the truth and exactness of all information supplied on this application.**

**Signature of Applicant:** \_\_\_\_\_

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

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

\_\_\_\_\_  
**Date**