

230 Clinton Street Wauseon, Ohio 43567 Phone: 419-335-5041

Fax: 419-335-3866

The undersigned applies for a zoning permit for the following use, said permit to be 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. In addition to the information requested on this form, the applicant is required to submit site 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 the alterations. The Owner/ Applicant, as signed below, hereby authorizes the City of Wauseon representatives to visit, photograph, and/or inspect the property described in this application.

Applicant	Applicant Signature	e Da	ate
PROPERTY			
Property Type Residential	☐ Commercial/Industrial	Owner	
Address			
Phone Number			
Parcel Number	Prope	rty Zoned	
PROJECT INFORMATION			
Project Cost \$	Date of Construction	Square Footage	
Distance from property lines: N	NorthSouth	_East West	_
Type of Improvement			
☐ Residence (include attache	d garage)	☐ Pool – Above Ground	
☐ Addition – Primary Structur	re	☐ Pool – In Ground	
☐ Accessory Structure Type		☐ Sign Type	
☐ Fence Height Type			
A detailed site plan of the property and improvement is required before the Zoning Permit is issued.			
Residential Zoning permit fee: \$30 Commercial/Industrial Zoning permit fee: \$100			
All projects over 200 Sq Ft. require a Building Permit through Wood County Building Inspections.			
CONTRACTOR INFORMATION			
Contractor	Address		
Phone Number			
Contractors must be registered to perform work in the City of Wauseon.			
CITY OF WAUSEON ZONING USE ONLY			
☐ Fees Paid ☐ Approved ☐ Denied Reason			
Zoning Officer Signature		Date	