

CITY OF WARREN, OHIO APPLICATION FOR ZONING
Engineering, Planning and Building Department
540 Laird Avenue SE
Warren, Ohio 44484

The undersigned hereby applies for a Zoning Application for the following use, to be issued on the basis of the presentation herein:

Name of Land Owner _____

Address (present) _____

Address (new) _____

Proposed Use:

____ Residential ____ Business and Commercial ____ Industrial ____ Institutional
____ Addition ____ Sign or Billboard ____ Storage Building ____ Swimming Pool
____ Detached Garage ____ Fence ____ Detached Garage Addition ____ Other(specify) _____

**Zoning Classification (circle one): R-A-1 R-A-2 R-B R-C R-D R-E
C-A C-B M-A M-B**

Number of Families(if applicable): _____

Specifics of Plan:

LOT: Width _____ FT Depth _____ FT Area _____ SQ FT CORNER LOT _____

BUILDING: Width _____ FT Depth _____ FT Total Living Area(floor space)

Number of Stories _____ First Floor _____ SQ FT Second Floor _____ FT

CLEARANCE: Side Yard _____ Side _____ FT; Side Yard _____ Side _____ FT;
Rear Yard _____ FT Setback _____ FT

GREEN SPACE: _____ ft Buffer: _____ FT

PARKING SPACES: Required: _____ Provided: _____

I (We) hereby make an application for Zoning as stated above, and I (We) do swear that all representations contained herein are true, and I (We) do hereby consent to agree to construct said work in all respects in compliance with provisions of the Ohio State Building Code and the City of Warren, Ohio Codified Ordinances.

NAME OF OWNER

CONTRACTOR

OWNER OF AUTHORIZED AGENT

PHONE

Lot No. _____ Plot _____ Valuation\$ _____ Fee\$ _____ Permit No. _____

APPROVED _____
PLANNING/ZONING TECHNICIAN

DATE