

**APPLICATION FOR ZONING PERMIT**  
**Youngstown, Ohio**

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

The undersigned applies for a zoning permit for the use herein described, such permit to be issued on the basis of the information contained within and attached to this application. The applicant hereby certifies that all information is true and correct. The applicant is required to submit duplicate copies of a plan drawn to scale, showing the shape and dimensions of the lot, the size and location of existing buildings on the lot and the location and dimensions of the proposed building, alteration or addition. NO ZONING PERMIT WILL BE ISSUED WITHOUT A PLOT PLAN.

**TO BE FILLED OUT BY APPLICANT:**

\_\_\_\_\_  
Name of Applicant Mailing Address Daytime Phone

\_\_\_\_\_  
Name of Property Owner Mailing Address Daytime Phone

Application is hereby made to (describe intended use): \_\_\_\_\_

\_\_\_\_\_  
City Lot/Outlot \_\_\_\_\_ Located at \_\_\_\_\_

Lot Width \_\_\_\_\_ Lot Depth \_\_\_\_\_ Lot Area \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**TO BE COMPLETED BY PLANNING DEPARTMENT:**

Yard Space Requirements:	Existing Zoning	_____
	Front Yard Setback	_____
	Side Yard Setback	_____
	Rear Yard Setback	_____
	Height Limits	_____
	Parking:	_____

Proposed Development subject to Design Review:	Yes _____	No _____
Proposed Development subject to Historic District Review:	Yes _____	No _____
Proposed Development subject to Floodplain Review	Yes _____	No _____

Design Review/Historic Case Number: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

Zoning Permit Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_

If application denied, reason for denial: \_\_\_\_\_

(Zoning Permit Fee As per Ord. # 09-315)      Fee Paid \_\_\_\_\_      Receipt # \_\_\_\_\_