



ZONING PERMIT APPLICATION

Application # _____

Village of Baltimore, Ohio

103 W. Market Street
Baltimore, Ohio 43105
740.862.4491

Information is available on our website:
www.baltimoreohio.org

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 certifies that all information and attachments to this application are true and correct.

1. **Name of Owner:** _____

Property Address: _____

If no address has been determined, please complete below:

Street Name: _____ Parcel No: _____

Phone Number: (Home) _____ (Business) _____ (Cell) _____

2. **Current Use:** _____ 3. **Property Currently Zoned as:** _____

4. **Proposed Use:** New Construction Remodel Residential Business

Garage (attached) Garage (detached) Deck/Patio Accessory Building

Porch Other _____

Swimming Pool** In Ground Above Ground

Size _____ Depth _____ Wall Size _____

**A sketch or drawing of the area must be included when the permit form is submitted.

5. **Lot:** Width _____ Depth _____ Area _____

6. **Square Feet:** Living area _____ sq. ft. Garage _____ sq. ft. Accessory Building _____ sq. ft.

7. **Building Heights:** Stories _____ Feet _____

8. **Yard Dimensions:** Front _____ Rear _____ Side 1 _____ Side 2 _____

9. **Accessory Building Dimensions:** Height _____ Side Dimensions _____

All blanks for the above questions 5 – 9 must be completed.

10. **On a separate sheet attach a site plan showing size of lot, size of all buildings, and placement of all buildings, including proposed changes. Final approval will not be given until building site is physically staked out in the build location as shown on the site plan.**

11. **Contractor:** _____

All contractors must be registered with the Village of Baltimore and a contractor registration packet must be completed and submitted prior to any work being performed.

Note: This permit shall be void if work is not started within one (1) year or completed within two (2) years. Work cannot start until your zoning permit application is approved.

Signature of Applicant: _____ **Date:** _____



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(For Official Use Only)

Date Received: _____

Fee Paid: _____

Date of Site inspection: _____

OUPS Ticket: _____

Flood Plain Zone: _____

Contractor registered: Yes _____ No _____

Date of Action on Application: _____

Approved: _____

Denied: _____

If application is denied, reason for denial: _____

Date: _____

Zoning Administrator

Additional Information Required