



Business Permit / Conditional Use / Change of Use

City of Findlay, Zoning Office

318 Dorney Plaza, Room 304 Findlay, Ohio 45840

(419) 424-7108 | Fax (419) 424-7120 | Zoning@findlayohio.com

LOCATION OF CONSTRUCTION ADDRESS: _____

PROPERTY OWNER: _____ CONTRACTOR: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

APPLICANT: (Check one) Owner Contractor Other (fill out below)

Name: _____ Phone: _____ Email: _____

Property Use: (Check one)

Residential Commercial / Office / Industrial Other _____

Permit Type: (Check one)

New Business Conditional Use Home Occupation Change of use: (Commercial to Residential, Single Family to Duplex, etc.)

Business / Conditional Use / Home Occupation

Describe Proposed New Use & Business Name: _____

Existing Use and Business Name: _____

Hours of Operation: _____ Existing Parking Spaces: _____

Describe Work to be Performed: _____

Change of Use

Existing use? (Check one)

Single Family Dwelling Duplex Triplex Multifamily (4+) Mixed Used Office/ Institution Commercial Industrial

Proposed use? (Check one)

Single Family Dwelling Duplex Triplex Multifamily (4+) Mixed Used Office/ Institution Commercial Industrial

Existing Parking Spaces: _____

Describe Work to be Performed: _____

***** Certain uses may be subject to additional conditions as determined by City Planning Commission *****

***** If the property is in the flood hazard area, a Flood Development Permit may also be required*****

***** Commercial & Multifamily buildings / signs may require additional permits from Wood County Building department (419) 354-9190 *****

I, the undersigned, do hereby certify that all of the above statements are true to the best of my knowledge, and understand that any deviation, change, or alteration not included or shown on these plans will nullify the approval.

Signature: _____

Date: _____

Office Use Only

Permit Issuance Worksheet

Permit Fee: \$ _____
 3X Penalty: Yes / No

Zoning District: _____

Flood Zone: _____

Permit Application # _____

<p>Is this a permitted use? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Is there enough parking for the new use/zone? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Are the hours permitted? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Is this a conditional use? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Does this property have any screening/landscaping requirements from CPC? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Has this property been rezoned? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	<p><u>Prerequisites</u></p> <p>City Planning Commission? (HRPC) CPC Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Downtown Design Review (HRPC) DTDR Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Board of Zoning Appeals BZA Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Existing Variances <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Curb Cut / Side Walk? (Engineering) <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Water, Sanitary, & Storm? (Engineering) <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>
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Special Notes / Conditions

Approved Denied By _____ Date _____

Inspection Results

Date	Comments	Initials
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____
___/___/___	_____	_____

Final Results Pass Fail Expired

Final Inspection Inspector: _____ Date: ___/___/___