



Commercial Construction Permit

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)

Commercial Industrial Office

Project Type: (Check one)

New Construction Addition to Dwelling Shed / Garage Addition to Shed / Garage Misc: _____

Building Information: (Please attach a 'to scale' property survey to this application)

Size of Building or Addition: _____ X _____ = _____ SQ FT Height of Building: _____

(Footprint of Building)

Existing Parking Spaces: _____ Proposed Parking Spaces _____

Estimated Value of Construction: \$ _____ Parking Surface Type: Concert Ashplant Other _____

(Gravel may not be installed unless approved by CPC)

Name of Business / Occupant: _____

*** Any building placed within a recorded or dedicated easement shall be done so at the owner's risk***

*** If the property is in the flood hazard area, a Flood Development Permit will 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 # _____

(Existing building(s) size _____ + total addition size _____) / Lot Size _____ = Lot Coverage _____ %

Existing Accessory building size _____ + New _____ = Accessory SQFT _____

<u>Building / Accessory site requirements</u>	<u>Prerequisites</u>
Setbacks met? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Under Max Height? <input type="checkbox"/> Yes / <input type="checkbox"/> No	City Planning Commission? (HRPC) <input type="checkbox"/> Yes / <input type="checkbox"/> No
Is lot coverage a factor? <input type="checkbox"/> Yes / <input type="checkbox"/> No	CPC Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No
Accessory Structure? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Downtown Design Review (HRPC) <input type="checkbox"/> Yes / <input type="checkbox"/> No
Existing Accessory Building? <input type="checkbox"/> Yes / <input type="checkbox"/> No	DTDR Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No
Will this project require pavement? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Board of Zoning Appeals <input type="checkbox"/> Yes / <input type="checkbox"/> No
Will a sign permit be issued? <input type="checkbox"/> Yes / <input type="checkbox"/> No	BZA Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No
Will a business permit / Change of Use permit be required? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Curb Cut / Side Walk? (Engineering) <input type="checkbox"/> Yes / <input type="checkbox"/> No
Are there additional _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No	Water, Sanitary, & Storm? (Engineering)
CPC requirements? <input type="checkbox"/> Yes / <input type="checkbox"/> No	

Special Notes / Conditions

Approved Denied By _____ Date _____

Inspection Results

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

Final Results Pass Fail Expired

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