



Flood Development 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 Type: (Check One)

- Single Family Dwelling Duplex / Triplex / Condo Vacant Land
- Multi-Family Dwelling (4 Units or More) Commercial /Industrial / Office Building Other: _____

Permit Holder: (Check One)

- Owner Contractor Applicant

Proposed Construction: (Check All That Apply)

- New Home Elevation space
- 1st floor addition Grading
- 2nd floor addition Basement
- Parking lot Pool
- Demolition Garage
- Shed Misc. _____
- Repair/rebuild

Proposed Conditions: (Check All That Apply)

- No Foundation (Anchored Shed)
- Slab
- Basement
- Crawlspace
- Below grade
- Preferred method at grade

Estimated Value of Construction: \$ _____

(For substantial repairs, a detailed estimate from a **professional** contractor must be attached)

Existing Building Appraisal: \$ _____

(Attach appraisal for the building where the work is being completed excluding the land, if one is not available the Hancock County Auditor valuation for **improvements** will be used)

Describe Scope of Construction: _____

***** Any structure 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 # _____

Base Flood Elevation: _____

<p>Flood Way? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Is this a substantial damage? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Does the estimated construction exceed 50% of building appraisal? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Is a detailed estimate required? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Are engineered flood vents required?? <input type="checkbox"/> Yes / <input type="checkbox"/> No Is this a detached building? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Is a shed/ building without a foundation? <input type="checkbox"/> Yes / <input type="checkbox"/> No Is this for a cut/fill volumetric calculation? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Are any certifications/ documents from a Professional surveyor / engineer required? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Is an elevation certificate required or provided? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	<p>Prerequisites <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>City Planning Commission? (HRPC) CPC <input type="checkbox"/> Yes / <input type="checkbox"/> No Case # _____</p> <p>Downtown Design Review (HRPC) DTDR <input type="checkbox"/> Yes / <input type="checkbox"/> No Case # _____</p> <p>Board of Zoning Appeals <input type="checkbox"/> Yes / <input type="checkbox"/> No BZA Case # _____</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: ___/___/___