



## Residential 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](mailto: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)

☐ Single Family Dwelling

☐ Duplex / Triplex Dwelling

☐ Multi-Family Dwelling (4 units or more)

Project Type: (Check one)

☐ New Construction ☐ Addition to Dwelling ☐ Shed / Garage ☐ Addition to Shed / Garage ☐ Misc: \_\_\_\_\_

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

Size of Building or Addition: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Sq. ft. Height of Building: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
(Footprint of building, including garages)

Will Vehicles be Parked in the Building? ☐ Yes / ☐ No Proposed Parking Spaces \_\_\_\_\_

Estimated Value of Construction: \$ \_\_\_\_\_ Parking Surface Type: ☐ Concrete ☐ Asphalt ☐ Other \_\_\_\_\_  
(Driveway must be paved with a hard surface, not gravel)

Corner Lot? ☐ Yes / ☐ No

If Yes, Give Name Of Side Street: \_\_\_\_\_

Existing Detached Structure(s) on property: ☐ Yes / ☐ No How many? \_\_\_\_\_ Size of each: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Sq. ft.

For New Construction only

Living Area: \_\_\_\_\_ SQ FT

(Excluding garages, basement, porches)

Basement: ☐ Yes / ☐ No

(If yes, must be shown on plan)

Attached Garage: ☐ Yes / ☐ No # of cars \_\_\_\_\_

(if no, show paved parking on the plan for a minimum of 2 vehicles per unit)

\*\*\* 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 \_\_\_\_\_

<b><u>Building / Accessory site requirements</u></b>	<b><u>Prerequisites</u></b>
Setbacks met? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<b>City Planning Commission? (HRPC) CPC</b>
Under Max Height? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No
Is lot coverage a factor? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Downtown Design Review (HRPC) DTDR</b>
Minimum living Area met? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No
Accessory Structure? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Board of Zoning Appeals</b>
Existing Accessory Building? <input type="checkbox"/> Yes / <input type="checkbox"/> No	BZA Case # _____ <input type="checkbox"/> Yes / <input type="checkbox"/> No
Will this project require pavement? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Existing Variances <input type="checkbox"/> Yes / <input type="checkbox"/> No
	Curb Cut / Side Walk? (Engineering) <input type="checkbox"/> Yes / <input type="checkbox"/> No
	Water, Sanitary, & Storm? (Engineering) <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: \_\_\_\_/\_\_\_\_/\_\_\_\_