



Demolition / Parking Lots / Solar / Miscellaneous 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 *and/or* Parcel Number: _____

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)

Parking lot Solar Panel Demolition Miscellaneous

Value of Construction: \$ _____

Demolition

Size of Building: _____ X _____ = _____ SQ FT Describe Use of Property After Demolition: _____

Additional Buildings on Site? Yes / No (All buildings on site must be rebuilt or removed within 1 year.)

****Sanitary & Storm Sewer Lateral Connections Must Be Properly Sealed and Clearly Marked for Inspection****

Contractor to verify that no additional connections are on Demo Property's Sanitary & Storm Lateral

City will not be liable for the plugging of additional Laterals that are present on Demoeed Property's Lateral

Parking Lots:

Size of existing parking lot: _____ Number of Cars? _____

Size of proposed parking lot: _____ Number of Cars? _____

****Location, Drainage, And Grading Plans Must Be Attached and May Be Subject to Engineering Approval*

Solar:

Roof mounted Ground / Pole mounted Principal Solar Energy Systems

****Attach Plans Showing Solar Panels Installation Locations On The Property In Accordance With Section 1161.14.11 Of The Findlay Zoning Code (Available Online at <https://www.findlayohio.com/government/city-departments/zoning>)*

Miscellaneous: (Communication Towers, Wind Turbines, Permit Extensions, or other Miscellaneous Structures)

Describe Construction, Use of Property, and Attach Any Plans / Documents Showing the Construction on the Property.

***** 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.

Office Use Only

Permit Issuance Worksheet

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

Signature : _____

Date: _____

Zoning District: _____

Flood Zone: _____

Permit Application # _____

<p><u>Parking Lots:</u> Engineering reviewed and approved drainage plan <input type="checkbox"/> Yes / <input type="checkbox"/> No Is screening required per CPC? <input type="checkbox"/> Yes / <input type="checkbox"/> No Will the parking lot provide enough spots? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><u>Demo:</u> Is there a detached building? <input type="checkbox"/> Yes / <input type="checkbox"/> No <i>If so it must be removed within 1 year or have a new primary structure constructed</i></p> <p><u>Solar:</u> Is this a residential system? <input type="checkbox"/> Yes / <input type="checkbox"/> No Is this a principal power system? <input type="checkbox"/> Yes / <input type="checkbox"/> No Is this roof mounted or able to be? <input type="checkbox"/> Yes / <input type="checkbox"/> No Will the panels be directed towards a major road where glare is an issue? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	<p><u>Prerequisites</u> City Planning Commission? (HRPC) <input type="checkbox"/> Yes / <input type="checkbox"/> No CPC Case # _____ Downtown Design Review (HRPC) <input type="checkbox"/> Yes / <input type="checkbox"/> No DTDR Case # _____ Board of Zoning Appeals <input type="checkbox"/> Yes / <input type="checkbox"/> No BZA Case # _____ 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</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: ___ / ___ / ___