



# Fence, Deck & Swimming Pool 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 Type: (Check one)**

Single Family Dwelling     Duplex / Triplex / Condo     4+ Family Dwelling / Commercial Business

**Permit Type: (Check 1 item and fill out corresponding column and attach a 'to scale' survey to this application).**

Fence     Pools     Decks / Patios (non-roofed)

**Fences:** (Section 1161.03)

Fence Material:     Wood     Vinyl     Aluminum     Split Rail     Chain link     Other \_\_\_\_\_

Fence Height: \_\_\_\_\_ Value of Construction: \$ \_\_\_\_\_ Location on Property: \_\_\_\_\_

*\* Note: Any fence in the front yard (along any road) may not exceed 4' in height and must be at least 50% open. Chain link not permitted in front yards*

**Pools:** (Section 1163.12)

**Type: (Check One)**

Above Ground                       In ground                      Size of Pool \_\_\_\_\_ (EX. 18' Round or 12'X 20')

**Safety requirements (Check at least one)**     Removable Ladder     4' High Fence Surrounding pool     Self-Closing Gate

Height of Pool wall: \_\_\_\_\_ Value of Construction: \$ \_\_\_\_\_ Location on Property: \_\_\_\_\_

*(Prohibited in front yard)*

**Decks:** (Section 1161.01)

Dimensions: \_\_\_\_\_ Value of Construction: \$ \_\_\_\_\_ Location on 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.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

# Office Use Only

## Permit Issuance Worksheet

Zoning District: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_  
 Flood Zone: \_\_\_\_\_

3X Penalty:  Yes /  No  
 Permit Application # \_\_\_\_\_

<p><b><u>Fences</u></b>                  Additional front yard requirements? <input type="checkbox"/> Yes / <input type="checkbox"/> No Non-Structural side outward? <input type="checkbox"/> Yes / <input type="checkbox"/> No                  Corner clearance requirement? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><b><u>Pools</u></b>                  Fence permit or deck permit? <input type="checkbox"/> Yes / <input type="checkbox"/> No                  Safety devices? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><b><u>Decks</u></b>                  Visibility issue <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	<p><b><u>Prerequisites</u></b>                  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</p>
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**Special Notes / Conditions**

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Approved     Denied    By \_\_\_\_\_    Date \_\_\_\_\_

### Inspection Results

Date	Comments	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Final Results     Pass     Fail     Expired

Final Inspection Inspector: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_