

Zoning Certificate Application

City of Fostoria, Zoning Office
 213 S. Main Street, Fostoria, OH 44830
 419-435-9557; Email; compliance@fostoriaohio.gov

Submit (2) copies of the proposed improvement on 8 1/2 * 11 paper showing

- 1) dimensions and shape of the lot, 2) exterior dimensions of existing and proposed buildings or structures
- 3) distance to lot lines, 4) dimensions and capacity of driveways, drives, loading areas and off-street parking areas.
- 5) Show any building overhangs or projections, signs and fences.

**** For Single Family, Two Family, Multiple Family and Commercial proposed construction, the site plan must include a floor plan and elevation view.**

Location Address: _____ **EMAIL:** _____

Owner Name: _____ Phone Number: _____

Owner Address: _____

Contractor / Architect: _____ Phone Number: _____

Contractor Address: _____

Proposed Use:

<input type="checkbox"/> **Single Family Residence _____ sq ft	<input type="checkbox"/> Driveway/Parking Lot
<input type="checkbox"/> **Two Family Residence _____ sq ft	<input type="checkbox"/> Extension/Projection
<input type="checkbox"/> **Multiple Family _____ units _____ floors	Uncovered deck, porch, patio, awning, etc.
<input type="checkbox"/> **Commercial _____ floors _____ sq ft	<input type="checkbox"/> Fence - wood, wire, hedge row
<input type="checkbox"/> Accessory building / use _____ sq ft	<input type="checkbox"/> Sidewalk New / Replacement (please circle)
<input type="checkbox"/> Addition _____ sq ft	<input type="checkbox"/> Sign New / Face Replacement (please circle)
<input type="checkbox"/> Alteration / Conversion _____ sq ft	<input type="checkbox"/> Street Opening/ROW
<input type="checkbox"/> Change in use, increase in rooms or units, roof peak, _____	<input type="checkbox"/> Swimming Pool / Hot Tub (please circle)
<input type="checkbox"/> Addition to Accessory Building _____ sq ft	<input type="checkbox"/> Other _____
<input type="checkbox"/> Curb Cut _____	

_____ Specify

Construction to Begin: _____ Expected Completion: _____ Approximate Value: _____

Plan Reviews For Commercial: You must have approval from all three Departments (2 sets of drawings)

Engineering _____

Fire Department _____

Zoning Department _____

Site Plan Review _____ Case No. _____

Board of Zoning Appeals _____ Case No. _____

***** Commercial Zoning Certificate cannot be reviewed without payment or plans submitted *****

Owners Certification

I HEREBY DECLARE that the above and attached information is correct and accurate and that the building and/or land will be constructed or used as stated herein. Who hereby declares that he has been duly authorized by the owner/lease to make the above application and agreement.

Signed: **X** _____

Address: _____

Date Filed: _____ Fee _____ Receipt No. _____

Parcel Description _____ County _____ Lot No. _____ Zoning District _____

Date _____ Certificate No. _____

Approved / Denied _____

Compliance Manager, City of Fostoria

This certificate is valid for one year from the date of filing unless extended herein by the Compliance Manager