



The City of

Alliance

"The Carnation City"

Ohio 44601-2415

504 E. Main Street

Dept. of Engineering, Building & Zoning

Phone: (330) 823-5122

Email: Eng.bld.zon@allianceoh.gov

ZONING APPLICATION

Date: _____ Site Address: _____ Job Estimate: _____

Property Owner's Name: _____ Phone Number: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person's Email _____

Contractor/Applicant: _____ Phone Number: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person's Email _____

PLEASE CHOOSE TYPE OF ZONING PERMIT APPLYING FOR:
(please note, projects below may require more than one City permit)

By signing, the applicant is consenting to the City's entry onto the property for inspection purposes. The applicant certifies that all information and attachments are true and correct. Any costs associated with engineering or site inspections of your project will be the applicant's responsibility, if incurred. The property owner is responsible for determining all property boundaries. Therefore, for your protection, a pin survey is strongly recommended prior to submitting this application.

\$35.00 Application Fee	\$50.00 Application Fee	\$100.00 Application Fee
<input type="checkbox"/> Deck/Porch <input type="checkbox"/> Fence Height _____ <input type="checkbox"/> Pool Above ____ Inground ____ <input type="checkbox"/> Patio <input type="checkbox"/> Accessory Building (Up to 200 sqft)	<input type="checkbox"/> New Residence (per unit) <input type="checkbox"/> Addition <input type="checkbox"/> Garage (Exceeding 200 sqft) <input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial Business Development <input type="checkbox"/> Tenant Change (Existing Building) <i>Describe Business in Comments Below</i> <hr/> \$65.00 Application Fee <input type="checkbox"/> Residential Home Occupation
<p>Land Use Description (be specific): _____</p> <p>_____</p> <p>_____</p>		
<p>Detailed Business Description (be specific): _____</p> <p>_____</p> <p>_____</p>		

Submit a Site Plan Drawing Indicating the Following

- | | |
|--|--|
| 1. Name, address & phone number of applicant | 6. Location, length, width & height of structure(s) |
| 2. Address & lot number of site to be developed | 7. Existing easements on site, if known |
| 3. Dimensions of lot including a "North" arrow | 8. Dimensions of existing buildings & proposed project |
| 4. Front, side and rear yard setbacks of project (how far off property line will structure be located) | |

Applicant Signature _____ Date _____

OFFICE USE ONLY:	Parcel # _____	Zoning District _____	Easements _____
Approved _____	Denied _____	Zoning Inspector _____	Date _____