



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.

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

Submit a Site Plan Drawing Indicating the Following	Complete Below Information Regarding the Property & Project:		
		Code Requirements	Actual Totals
1. Name, address & phone number of applicant	Lot Area	_____	_____
2. Address & lot number of site to be developed	Building Floor Space	_____	_____
3. Dimensions of lot including a "North" arrow	Garage Floor Space	_____	_____
4. Front, side and rear yard setbacks of project (how far off property line will structure be located)	Front Yard Setback	_____	_____
6. Location, length, width & height of structure(s)	Side Yard Setback	_____	_____
7. Existing easements on site, if known	Side Yard Setback	_____	_____
8. Dimensions of existing buildings & proposed project	Rear Yard Setback	_____	_____
	% Total Lot Coverage	_____	_____

Applicant Signature _____ Date _____

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