



City of Mount Vernon, Ohio Application for Zoning Permit

Application	
Owner's Name, Address and Phone and e-mail	
Contractor's Name, Address and Phone and e-mail	
Applicant's Name, Address and Phone and e-mail	

Site Information		
Site Address	Side Street (if corner lot)	
Legal Description	Parcel Number	Deed Volume and Page Number
Zoning District (circle one) RR R-1 R-2 R-3 PND NC CB GB O/I M-1 M-1A P-1 R-MH		Flood Zone <input type="checkbox"/> Floodway <input type="checkbox"/> AE Zone <input type="checkbox"/> A Zone <input type="checkbox"/> X Zone
Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No	Status of Historic Review Commission's Action <input type="checkbox"/> Approved <input type="checkbox"/> Denied Case Number: _____	

Project Information		
Description of Proposed Work <div style="text-align: right;">(attach site plan and/or drawings)</div>		
Existing use of property	Proposed use of property	
Parking spaces/loading berths	Structure height	Dwelling units
State Approval: _____ Date _____ <i>(commercial only)</i>	Approval Number _____	<input type="checkbox"/> Full approval <input type="checkbox"/> Partial approval <input type="checkbox"/> Not required
I hereby certify that the information submitted on this application and on any sketches, drawings or other documents submitted with this application is true and exact. This permit shall expire and may be revoked if work has not begun within six months or substantially completed within one year . Date: _____ By: _____		

Status of Application		
<input type="checkbox"/> Application rejected	Date _____ By _____	Reason(s) _____
<input type="checkbox"/> Referred to Board of Appeals: Status of Board's Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Case Number: _____		
Code Review _____ Date: _____		Site Review _____ Date: _____
<input type="checkbox"/> Application approved Comments _____		
By: _____	Date: _____	

Fee Calculation		
Estimated Cost	Base Fee _____ Park Development Fee _____ Total Fee _____	Date Paid/Permit Issued: _____ Cash Check# _____

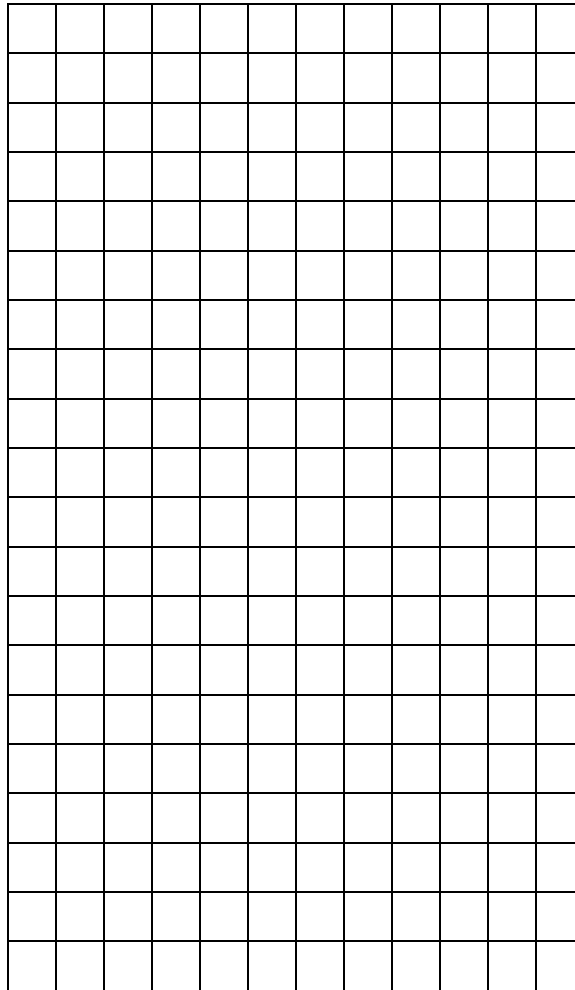
City of Mount Vernon Zoning Permit Sketch

Site Address _____

Instructions to Applicant

Supply all the information requested and complete the diagram below by showing the following:

1. Existing structures with solid lines
2. Proposed structures with dashed lines
3. Setback distances from all property lines.
4. Dimensions of all structures
5. Dimensions of the lot
6. Street name(s)



Street Name _____

I hereby certify that the information submitted on this sketch and/or other attached drawings and documents is true and correct.

By _____

Date _____

Zoning Enforcement Officer Action

Approved Disapproved

By _____

Date _____