

**CITY OF NORWALK
 APPLICATION FOR ZONING PERMIT
 38 WHITTLESEY AVENUE
 NORWALK, OHIO 44857
 (419) 663-6783**

**OWNER
 NAME:** _____

<i>OFFICE USE ONLY</i>	
PERMIT NO.	_____
DATE:	_____
TYPE:	_____
PRICE:	_____

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, V, and VII

I. LOCATION OF BUILDING	AT (LOCATION) _____ ZONING DISTRICT _____ <small>(NO.) (STREET)</small> SUBDIVISION _____ LOT _____ LOT SIZE _____ PARCEL NO. _____
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II. TYPE AND COST OF BUILDING – All applicants complete Parts A – D

A. TYPE OF IMPROVEMENT 1. <input type="checkbox"/> New Residential Building 2. <input type="checkbox"/> Residential Addition 3. <input type="checkbox"/> Residential Alteration 4. <input type="checkbox"/> New Commercial Building 5. <input type="checkbox"/> Commercial Addition 6. <input type="checkbox"/> Commercial Alteration 7. <input type="checkbox"/> Electrical 8. <input type="checkbox"/> Garage 9. <input type="checkbox"/> Garage Addition 10. <input type="checkbox"/> Utility Building 11. <input type="checkbox"/> Swimming Pool 12. <input type="checkbox"/> House Moving 13. <input type="checkbox"/> Demolition 14. <input type="checkbox"/> Sign 15. <input type="checkbox"/> Home Occupation 16. <input type="checkbox"/> Temporary Sales	B. PROPOSED USE – for “wrecking” most recent use <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Residential 17. <input type="checkbox"/> One family 18. <input type="checkbox"/> Two or more family enter no. of units _____ 19. <input type="checkbox"/> Transient hotel, motel, or dormitory enter no. of units _____ 20. <input type="checkbox"/> Garage 21. <input type="checkbox"/> Carport 22. <input type="checkbox"/> Other – Specify _____ </td> <td style="width: 50%; vertical-align: top;"> Nonresidential 23. <input type="checkbox"/> Amusement, recreational 24. <input type="checkbox"/> Church, other religious 25. <input type="checkbox"/> Industrial 26. <input type="checkbox"/> Parking garage 27. <input type="checkbox"/> Service station, repair garage 28. <input type="checkbox"/> Hospital, institutional 29. <input type="checkbox"/> Office, bank, professional 30. <input type="checkbox"/> Public utility 31. <input type="checkbox"/> School, library, other educational 32. <input type="checkbox"/> Stores, mercantile 33. <input type="checkbox"/> Tanks, towers 34. <input type="checkbox"/> Other – Specify _____ </td> </tr> </table>	Residential 17. <input type="checkbox"/> One family 18. <input type="checkbox"/> Two or more family enter no. of units _____ 19. <input type="checkbox"/> Transient hotel, motel, or dormitory enter no. of units _____ 20. <input type="checkbox"/> Garage 21. <input type="checkbox"/> Carport 22. <input type="checkbox"/> Other – Specify _____	Nonresidential 23. <input type="checkbox"/> Amusement, recreational 24. <input type="checkbox"/> Church, other religious 25. <input type="checkbox"/> Industrial 26. <input type="checkbox"/> Parking garage 27. <input type="checkbox"/> Service station, repair garage 28. <input type="checkbox"/> Hospital, institutional 29. <input type="checkbox"/> Office, bank, professional 30. <input type="checkbox"/> Public utility 31. <input type="checkbox"/> School, library, other educational 32. <input type="checkbox"/> Stores, mercantile 33. <input type="checkbox"/> Tanks, towers 34. <input type="checkbox"/> Other – Specify _____
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C. OWNERSHIP
 35. Private (individual, corporation, nonprofit institution, etc.)
 36. Public (Federal, State, or Local government)

PLEASE NOTE: PARCEL LOCATED IN OR TOUCHING WETLAND OR FLOODPLAIN

D. COST 37. Cost of improvement To be installed but not included in the above cost a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 38. TOTAL COST OF IMPROVEMENT	(Omit cents) \$ _____ _____ _____ _____ _____ \$ _____	Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building or industrial plant. If use of existing building is being changed, enter proposed use.
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III. SELECTED CHARACTERISTICS OF BUILDING – for new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV

E. PRINCIPAL TYPE OF FRAME 39. <input type="checkbox"/> Masonry (wall bearing) 40. <input type="checkbox"/> Wood frame 41. <input type="checkbox"/> Structural steel 42. <input type="checkbox"/> Reinforced concrete 43. <input type="checkbox"/> Other – Specify _____ F. PRINCIPAL TYPE OF HEATING FUEL 44. <input type="checkbox"/> Gas 45. <input type="checkbox"/> Oil 46. <input type="checkbox"/> Electricity 47. <input type="checkbox"/> Coal 48. <input type="checkbox"/> Other – Specify _____	G. TYPE OF SEWAGE DISPOSAL 49. <input type="checkbox"/> Public or private company 50. <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 51. <input type="checkbox"/> Public or private company 52. <input type="checkbox"/> Private (well, cistern) I. TYPE OF MECHANICAL Will there be central air conditioning? 53. <input type="checkbox"/> Yes 54. <input type="checkbox"/> No Will there be an elevator? 55. <input type="checkbox"/> Yes 56. <input type="checkbox"/> No J. DIMENSIONS 57. Number of stories _____ 58. Total square feet of floor area, all floors, based on exterior _____ 59. Total Land Area, sq. ft _____	K. NUMBER OF OFF-STREET PARKING SPACES 60. Enclosed _____ 61. Outdoors _____ L. RESIDENTIAL BUILDINGS ONLY 62. Number of bedrooms _____ 63. Number of bathrooms Full _____ Partial _____
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IV. DESCRIPTION OF WORK

V. SITE OR PLOT PLAN

VI. DEVELOPMENT STANDARDS FOR M-2 ZONING DISTRICT

PERMITTED AND CONDITIONAL USES

Minimum Lot Area	None
Minimum Lot Width	None
Minimum Front Yard	25 feet
Minimum Side Yard	25 feet
Minimum Lot Frontage	200 feet
Minimum Rear Yard	
1 and 1 ½ Story	30 feet
2 and 2 ½ Story	40 feet
3 and 3 ½ Story	50 feet
Maximum Height	Five feet more for each additional story within 200 feet of any R District, no structure shall exceed 50 feet in height

VII. IDENTIFICATION – To be completed by all applicants

_____	_____	_____
1. Property Owner or Lessee	Mailing address	Telephone No.
_____	_____	_____
2. Contractor	Mailing address	Telephone No.
_____	_____	_____
3. Architect or Engineer	Mailing address	Telephone No.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____	_____	_____
Signature of Applicant	Address	Application Date

OFFICE USE ONLY	
Zoning Permit number _____	Approved by: _____ _____ TITLE
Zoning Permit issued _____	
Zoning Permit Fee _____	

Return completed application in person to:
 City of Norwalk Zoning Inspector
 38 Whittlesey Avenue
 Norwalk, OH 44857