

**APPLICATION FOR ZONING PERMIT  
MERCER COUNTY, OHIO**

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Application No.: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all the information and attachments to this application are true and correct.

The Applicant further understands that this permits addresses Zoning Only. Applicant must also comply with all other laws and regulations that apply to Applicant's project.

Failure to provide all information requested may result in delays or denial of application.

**Project Location Description:**

- Subdivision Name: \_\_\_\_\_
  - Lot No.: \_\_\_\_\_ Street Address: \_\_\_\_\_
  - Lot:   Width \_\_\_\_\_ Depth \_\_\_\_\_ Area \_\_\_\_\_
  - **Attach Property Deed** (Available at the Recorder's Office or its website)
  - **Are property pins located?**    Yes        No (If no, attach a recent survey.)
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**Existing use:** \_\_\_\_\_

**Current zoning:** \_\_\_\_\_

- Proposed Use:**    Single Family Residential    Commercial    Industrial    New Construction
- Remodel        Rental - Number of Residential Units \_\_\_\_\_    Accessory Building
- Deck Fence        Sign
- Other, specifically: \_\_\_\_\_

**Project description:** (Provide a detailed description of what the building/project will be used for. You may be contacted for additional information.)

**Attach drawings/site plan with approximate location and expected setbacks.**

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**Proposed Date of Completion:** \_\_\_\_\_

| <b>For Applicant</b>                           |   |
|--|---|
| Total Current Lot Coverage: _____%             | Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Available through Engineer's Office) |
| Total Lot Coverage w/Project: _____%           | Sanitary Sewer (choose one):  |
| Total Permitted Lot Coverage: _____%           | <input type="checkbox"/> Septic; Permit Number: _____   |
| Current Bldg. Height: Stories _____ Feet _____ | <input type="checkbox"/> Sanitation Hookup; Pol. Sub.: _____  |
| Current Yard Setbacks: Front _____ Rear _____  | <input type="checkbox"/> No indoor plumbing/Does Not Apply to Project   |
| Left Side Yard _____ Right Side yard _____     | (Available through Health District)   |
| Acc. Bld. Dimensions: Height _____ Size _____  |   |

  

| <b>For Official Use Only</b>                             | <b>Notes:</b> |
|--|---------------|
| Lot Coverage: _____                                      |               |
| Bldg. Height: Stories _____ Feet _____                   |               |
| <del>Current Yard</del> Setbacks: Front _____ Rear _____ |               |
| Left Side Yard _____ Right Side yard _____               |               |
| Acc. Bld. Dimensions: Height _____ Size _____            |               |

On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

**Other Restrictions.** The issuance of a Zoning Certificate does not supersede, alter or otherwise affect any other type of restriction to this property as may be found on the applicable plat, deed, or elsewhere. It is the responsibility of the applicant to ensure that the proposed use meets all other public and private requirements, which may be imposed or otherwise affect the land, structure(s) or use referenced herein.

**Application Accuracy/Permit Revocation.** The applicant hereby certifies that all information and attachments to this application are true and correct. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact in the application, either with or without intention on the part of the applicant, shall constitute sufficient grounds for revocation of the permit at any time.

**Consent to Property Access.** By signing this application, you consent to the Zoning Inspector and Appeals Board to have access to the property for the limited purpose of this application.

**Additional Information.** Please be advised that additional information may be required.

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**This permit shall be void if work is not started within one (1) year or completed within two (2) years.**

**Applicant Name:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Owner Name:**

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner Signature** \_\_\_\_\_

**(If Different than Applicant Name)**

**FOR OFFICIAL USE ONLY**

Date received \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date Issued or Denied: \_\_\_\_\_

Approved or  Denied

If application is denied, reason for denial: \_\_\_\_\_

Copies to: Engineer \_\_\_\_\_ Health Dist. \_\_\_\_\_ Auditor \_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector

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**APPLICATION FOR VARIANCE  
(Only if permit is denied.)**

Applicant Explanation of the Nature of Variance and conditions justifying the request:

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**Justification for Variance.** The Board of Zoning Appeals (BZA) may authorize upon appeal in specific cases such variance from the terms of this Zoning Code as will not be contrary to the public interest where, owing to special conditions, a literal enforcement of the provisions of this Zoning Code would result in unnecessary hardship, and so that the spirit of the resolution shall be observed and substantial justice done.

No nonconforming use of neighboring lands, structures, or buildings in the same district and no permitted or nonconforming use of lands, structures, or buildings in other districts shall be considered grounds for issuance of a variance.

Variations shall not be granted on the grounds of convenience or profit, but only where strict application of the provisions of this Zoning Code would result in unnecessary hardship.

**I certify that the information in this application and its supplements is true and correct.**

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**THIS PAGE FOR OFFICIAL USE ONLY**

Date Filed: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Notice to Parties of Interest mailed: \_\_\_\_\_

Date of Notice in Paper: \_\_\_\_\_

DECISION OF THE ZBA:            Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

If approved, the following conditions and safeguard were prescribed:

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If Denied, the reason for denial:

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Date

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BZA Chairperson