

Fence Zoning Permit Application

Form Revised 05/01/2014



THE CITY OF URBANA, OHIO
 P: (937) 652-4322 | F: (937) 652-5145
www.urbanaohio.com

Date received: _____

Fee paid: _____

Permit number: _____

Permit required. A Zoning Permit approved by the Zoning Inspector is required before any structure is erected, moved, added to, or structurally altered. No one shall apply for a Certificate of Occupancy without an approved Zoning Permit.

Expiration. Zoning Permits expire if work does not begin within 1 year or if it is not more than 50% complete within 2.5 years of the date of the Zoning Inspector's approval.

I. APPLICANT INFORMATION

APPLICANT: Complete this section.

Property Owner	<input type="text"/>	Owner Phone	<input type="text"/>
Owner Address	<input type="text"/>	Owner Email	<input type="text"/>
Contractor	<input type="text"/>	Contractor Phone	<input type="text"/>

II. PROPERTY DESCRIPTION

APPLICANT: Complete this section.

Address	<input type="text"/>	Parcel number(s)	<input type="text"/>
Subdivision	<input type="text"/>	Lot number(s)	<input type="text"/>

Exhibit A: Attached is a copy of the property deed, legal description, and plat map section from the County Recorder.

Lot width along right-of-way (ft)	<input type="text"/>	Lot depth from right-of-way (ft)	<input type="text"/>	Lot size (sq ft)	<input type="text"/>
Lot type	<input type="checkbox"/> Corner lot	<input type="checkbox"/> Interior lot	<input type="checkbox"/> Through lot		

Exhibit B: Attached is a section of the Zoning Map showing the Zoning District from the Zoning Inspector.

Zoning district	<input type="text"/>	Overlay	<input type="text"/>	Existing land use	<input type="text"/>
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Exhibit C: Attached is a section of the special flood hazard area, a FIRMette, from the Zoning Inspector.

<input type="checkbox"/> The property is within the special flood hazard area.	<input type="checkbox"/> The property is not within the special flood hazard area.
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III. APPLICANT'S PROPOSAL

APPLICANT: Complete this section.

Proposed land use	<input type="text"/>	<input type="checkbox"/> Principal use	<input type="checkbox"/> Accessory use	<input type="checkbox"/> Conditional use	<input type="checkbox"/> Nonconforming use			
Materials	<input type="checkbox"/> Chain link	<input type="checkbox"/> Wire	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron	<input type="checkbox"/> Wall***	Other	<input type="text"/>

Is there barbed wire?	<input type="text"/>	Is the fence electrified?	<input type="text"/>	Is the fence closer than 3 ft to any right-of-way line?	<input type="text"/>
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Check if there is or you plan to install a swimming pool**. Check if fence height* is 5 ft or more. Check if each gate height* is 4 ft or more. Check if each gate top has self-closing and self-latching devices.

Fence/Hedge max. height* in res. front yards 4 ft, unless for screening purposes. Check if for screening. Describe the screening purpose

Exhibit D: Attached is a set of plans drawn to scale that depict the: 1) lot shape and dimensions, 2) labeled property lines, 3) size and location of existing structures, 4) size and location of all proposed structures, parking stalls, drives, walks, curbs/gutters, approaches.

Nearest point of structure to property lines	Front (ft)	<input type="text"/>	Side (ft)	<input type="text"/>	Side (ft)	<input type="text"/>	Rear (ft)	<input type="text"/>
Height* of fence	Front (ft)	<input type="text"/>	Side (ft)	<input type="text"/>	Side (ft)	<input type="text"/>	Rear (ft)	<input type="text"/>

Estimated cost of construction	<input type="text"/>	Applicant initial	_____
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*Vertical distance from avg elevation of grade at building front to highest point of roof, mansard roof deck line, and mean height between eaves and ridge. **Any structure for emersion of human body designed to hold water deeper than 24 in or 150 sq ft of surface area. ***Walls prohibited in front yards and beyond principal building front line.

IV. INFORMATION TO APPLICANT**APPLICANT: Read this section.**

To complete to scale plans, several websites may be of assistance:

- Google SketchUp: <http://sketchup.com>
- Fence Center: www.fencecenter.com/estimator/default.aspx
- Floor Planner: www.floorplanner.com
- Artifice: www.artifice.com/free/info.html

Other permits/licenses may be required. Among others, contact:

- Contact OUPS before any digging. Call (800) 362-2764.
- All contractors must be registered. Call (937) 484-1602.
- Building permits may be required. Call (937) 484-1602.
- File this permit with the County Auditor. Call (937) 484-1600.

V. APPLICANT AFFIDAVIT**APPLICANT: Complete this section.**

This is my application for a Zoning Permit. I have the authority to file this application, have read this application in its entirety, and certify the information contained herein and all attachments are correct to the best of my knowledge. I understand that I am solely responsible for the information contained herein and that all structures shall be built exactly as stated in this application and be compliant with the Planning and Zoning Code. I understand this application may be denied or that any permit issued based on this application may be revoked.

Property owner's signature Date

VI. ENGINEERING DEPARTMENT**CITY: Complete this section.**

Proposal meets the requirements of Design Standard 1167.18 Vision Clearance on Corner Lots.

Remarks:

City Engineer's signature Date

VII. BOARDS & COMMISSIONS**CITY: Complete this section.**

<input type="checkbox"/> Proposal requires Board & Commission approval.	<input type="checkbox"/> Board of Zoning Appeals (Sec. 1105.06)	<input type="checkbox"/> Planning Commission (Sec. 1110.01, Chap. 1127)	<input type="checkbox"/> Design Review Board (Sec. 1112.04)
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Reviewed by Boards & Commissions.

Case(s)

VIII. ZONING DIVISION**CITY: Complete this section.**

This application is Approved Rejected

Remarks, conditions, or variances:

Zoning Inspector's signature Date