

CITY OF NORWALK
APPLICATION FOR ZONING PERMIT
38 WHITTLESEY AVENUE
NORWALK, OHIO 44857

Office Use Only:	
Permit No.	_____
Date Issued	_____

SIGN PERMIT APPLICATION

APPLICANT NAME _____	
LOCATION OF BUILDING	
AT (ADDRESS) _____	
ZONING DISTRICT _____	LOT SIZE _____
PARCEL NUMBER _____	
TYPE AND COST OF BUILDING	
Residential	Nonresidential
<input type="checkbox"/> One Family	<input type="checkbox"/> Amusement, recreational
<input type="checkbox"/> Two or more family	<input type="checkbox"/> Church, other religious
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Industrial, manufacturing
	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Service station, repair garage
	<input type="checkbox"/> Hospital, institutional
	<input type="checkbox"/> Office, bank, professional
	<input type="checkbox"/> Public utility
	<input type="checkbox"/> School, library, other educational
	<input type="checkbox"/> Stores, mercantile
	<input type="checkbox"/> Hotels, motels
	<input type="checkbox"/> Other- Specify _____
OWNERSHIP	
<input type="checkbox"/> Private (individual, corporations, nonprofit institution, etc.)	
<input type="checkbox"/> Public (Federal, State, or Local government)	
COST	
Total Cost of Improvement (including labor) \$ _____	

DESCRIPTION OF WORK (include dimensions, etc.)

SITE OR PLOT PLAN (include photo/diagram if possible)

IDENTIFICATION (to be completed by all applicants)

Property Owner or Lessee

Mailing Address

Phone #

Contractor

Mailing Address

Phone #

Architect or Engineer

Mailing Address

Phone #

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

Mailing Address

Phone #

ARCHITECTURAL REVIEW BOARD ASSESSMENT

Does this location fall in the Architectural District? yes or no (please circle)

If yes, it is recommended that the applicant complete an Application for Certificate of Appropriateness to be presented before the Architectural Review Board.

VALIDATION (Office Use Only)

_____ Approved by	_____ Zoning Permit Number
_____ Title	_____ Date Zoning Permit Issued
_____ Date	_____ Zoning Permit Fee