

Application No. _____

**APPLICATION FOR _____ PERMIT
CITY OF PATASKALA**

The applicant shall submit a copy of this form, along with supplementary information, to the Zoning Inspector for the City of Pataskala. For further information related to the application process, please refer to Chapter 1209, Enforcement and Penalty, of the City of Pataskala Codified Ordinance. Application shall include a fee as specified by the City Ordinance.

1. Name of Applicant _____
Address _____ Zip Code _____
Telephone: (Home) _____ (Business) _____ (Fax) _____
2. Name of Property Owner _____
Address _____ Zip Code _____
Telephone: (Home) _____ (Business) _____ (Fax) _____
3. Location/Address of Property _____
4. What is the Existing Zoning District?

5. What is the Existing Use of the Property? _____

6. Attach plans for the property, drawn to scale, showing actual dimensions and shape of the lot(s). Dimensions and location of existing buildings, if any, and the location and dimensions of the proposed buildings or alterations.
7. This permit shall expire and may be revoked if work has not begun within one year or the work has not been substantially completed within 30 months from the issue date (total time).

I certify that the information and facts provided on and with this application are true and correct.

APPLICANT DATE

Action by Zoning Inspector (to be completed by the Zoning Inspector).

APPROVED _____ DISAPPROVED _____
CONDITIONS _____
DATE OF DECISION _____ PERMIT EXPIRES _____

ZONING INSPECTOR _____

Distribution: Applicant - White Zoning Inspector - Canary
**INSPECTIONS ARE REQUIRED FOR THIS TYPE OF PERMIT
AND MUST BE SCHEDULED THROUGH THE PLANNING &
ZONING DEPARTMENT AT (740) 927-4910**

