



CITY OF LANCASTER
BUILDING DEPARTMENT
 121 East Chestnut Street, Suite 102
 Lancaster, Ohio 43130-3825
 (740) 687-6649

Date Submitted: _____

Permit Number: _____

APPLICATION FOR RESIDENTIAL ZONING CLEARANCE

The undersigned having carefully read the instructions to Applicants printed on the back of this form hereby makes application for a Zoning Clearance to the City of Lancaster and attaches hereto and makes a part hereof a SITE PLAN showing the information required in said instructions and such other information as may be required by the Zoning Code.

1. The building, structure, or premises for which a certification is located as follows:
 Address: _____
 Lot No.: _____ Addition: _____
 Parcel No.: _____ Legal Description: _____
2. Classification of zoning on this site currently in effect: _____ Overlay District: _____
3. Project Description: _____
 (Detailed description with square footage including accessory structures or use.)
 Check one: New single-family _____ Addition/Alteration _____ Accessory building _____
4. Present use of property: _____
5. Address of property owner: _____
6. City, State, Zip Code: _____
7. Phone Number: _____ Email: _____
8. Provide a site plan showing where the proposed work will take place. New single-family homes must provide a professionally produced plot plan that is sealed by the designer. Items attached to the back of the generic site plan must be shown on the plot plan. **Property owners/contractors may use the simple site plan provided in this residential zoning packet for all proposed accessory structures.**
9. Name and Address of Contractor (if Applicable): _____
 City, State, Zip Code _____ Phone/Email _____

I hereby certify that to the best of my knowledge, the foregoing statements and information provided on the site plan is true and accurate. I understand approval of this clearance does not relieve me of my obligation to obtain all other necessary permits.

Applicant Name: _____ Address: _____
 (print clearly)
 Signature of Applicant: _____ City/State/Zip _____
 Phone Number: _____ Email: _____

I hereby approve/deny this Application for Zoning Clearance for the purposes as stated on the SITE PLAN.

Permit Approved _____ Permit Denied _____ Date: _____ Zoning Official _____

Reason for Denial _____