



City of Marion

Department of Safety

Division of Zoning/Compliance

233 W. Center Street, Marion, Ohio 43302

Phone (740) 383-4114 • Fax (740) 383-5712

**Zoning Application for Use Permit**

Application Date: \_\_\_\_\_ Zone: \_\_\_\_\_

The undersigned hereby applies for a Use Permit for the following premises and use(s) to be issued on the basis of the representations contained herein, all of which the applicant says are true:

Address of Property: \_\_\_\_\_

**Owner Name**

Owner: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner City: \_\_\_\_\_ Owner State: \_\_\_\_\_ Owner Zip Code: \_\_\_\_\_

**Applicant**

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant City: \_\_\_\_\_ Applicant State: \_\_\_\_\_ Applicant Zip Code: \_\_\_\_\_

**Use**

Previous Use: \_\_\_\_\_

Proposed Use: (explain in detail) \_\_\_\_\_

Physical Changes required: (explain) \_\_\_\_\_

**Permit**

Building Permit Required:  Yes  No If Permit Issued/Date Issued: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Construction Completed: \_\_\_\_\_ Person Issued Permit: \_\_\_\_\_

THE OWNER, BY EXECUTING THIS REQUEST TO CHANGE ZONING USE TO \_\_\_\_\_, ACKNOWLEDGES THE FORFEITURE OF ITS PREVIOUS NON-CONFORMING USE OF \_\_\_\_\_.

**Special Notes:** AFTER CONSTRUCTION IS COMPLETE RETURN THIS APPLICATION TO THE ZONING INSPECTOR'S OFFICE TO OBTAIN INSPECTION AND USE PERMIT

Signature of Applicant/Owner: \_\_\_\_\_

Email Address of Applicant/Owner (print clearly): \_\_\_\_\_

**Payments:** Make checks payable to the CITY of MARION (Note: Fee of \$ 3.00 added for each Credit Card charge)

--- Office Use Only ---

Fee: \$ 50.00 Site Visited \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_