

Map: _____ Parcel: _____ Zoning Class: _____ Deed/Plat Restrictions: _____ Received B&O Tax Exemption Papers: _____

Do not write above this line

APPLICATION FOR ZONING PERMIT
CITY OF PARKERSBURG, P.O. BOX 1627, PARKERSBURG, WV 26102

Please Print:

Applicant's Name: _____

Applicant's Address: _____

Phone: (_____) _____ FAX: (_____) _____ E-Mail: _____

Address to be Zoned: _____

Property Owner: _____

Contractor (If Applicable): _____

Contractor's Address: _____

Current use of property: _____

Proposed use (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> New single family home | <input type="checkbox"/> Room additions(s) |
| <input type="checkbox"/> New duplex | <input type="checkbox"/> Carport / garage |
| <input type="checkbox"/> New apartment / no. of units _____ | <input type="checkbox"/> Porch / deck |
| <input type="checkbox"/> New commercial building | (<input type="checkbox"/> covered <input type="checkbox"/> uncovered) |
| <input type="checkbox"/> New industrial building | <input type="checkbox"/> Home occupation |
| <input type="checkbox"/> Accessory structures: | <input type="checkbox"/> Sign(s) (total square feet _____) |
| <input type="checkbox"/> Storage building | <input type="checkbox"/> Existing industrial building |
| <input type="checkbox"/> Swimming pool | (change of use or ownership) |
| <input type="checkbox"/> Fence / wall | <input type="checkbox"/> Existing commercial building |
| <input type="checkbox"/> Other _____ | (change or use of ownership) |

Building/Addition Dimensions: _____ Sq. Ft.: _____ Height to Peak: _____

Business Name: _____

Explain your business (type, services, products, equipment, etc.): _____

Signs (specify quantity – size, height, type, placement of each): _____

Number of off-street parking spaces provided: _____

