



209 S. Main Street • Marysville, Ohio 43040
Phone: (937) 645-7350 • Fax: (937) 645-7351 • www.marysvilleohio.org

**APPLICATION FOR
ZONING PERMIT
(Accessory Structures)**

Shed Deck Fence/Wall Swimming Pool Detached Garage Other: _____

***** IMPORTANT INFORMATION ~ Please read before completing the application*****

- New structures, additions and exterior modifications may also be subject to Design Review Board approval prior to obtaining Zoning permits. (Contact the Division of Engineering for details)
- The Division of Engineering shall either approve or disapprove the application within fifteen (15) business days after the receipt of an application, unless the project also requires Engineering Plan review. In this case, the Zoning Permit will not be issued until the Engineering approval is obtained.
- All Zoning Permits shall be conditional upon the commencement of work within six (6) months, and may be revoked if work has not been substantially completed within eighteen (18) months.
- The applicant agrees to properly protect all excavations where applicable and restore all disturbed surfaces to their original condition at a minimum.
- At least 24 hour advance notice required for inspection of sewers, sidewalks, curb cuts and water taps.
- Failure to submit a complete application may result in the delay or denial of the application.
- City of Marysville is not responsible for any structure (including fencing) constructed in an easement.
- All applicants are responsible for property line verification prior to construction.
- It will be the responsibility of the owner of the land, the development/developer or the project that wants to construct, build or alter any structure or plant anything near an airport or heliport (overpasses, light poles, antenna or cell towers, wind turbines, buildings, billboards, trees..) will need to provide the City of Marysville a copy of the FAA Form 7460-1(Notification of Proposed Construction or Alteration) filed with the FAA, if applicable.

Project Site Information *(Please print clearly)*

Address for Permit: _____ Property Zoning District: _____

Description of Project: _____

Work to begin on or about _____ and will require approximately _____ days.

Owner of Property: _____

Owner's Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

E-mail: _____

Applicant Information *(Please print clearly)*

Applicant: _____ † Owner † Agent / Representative / Other

Company: _____

Applicant's Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

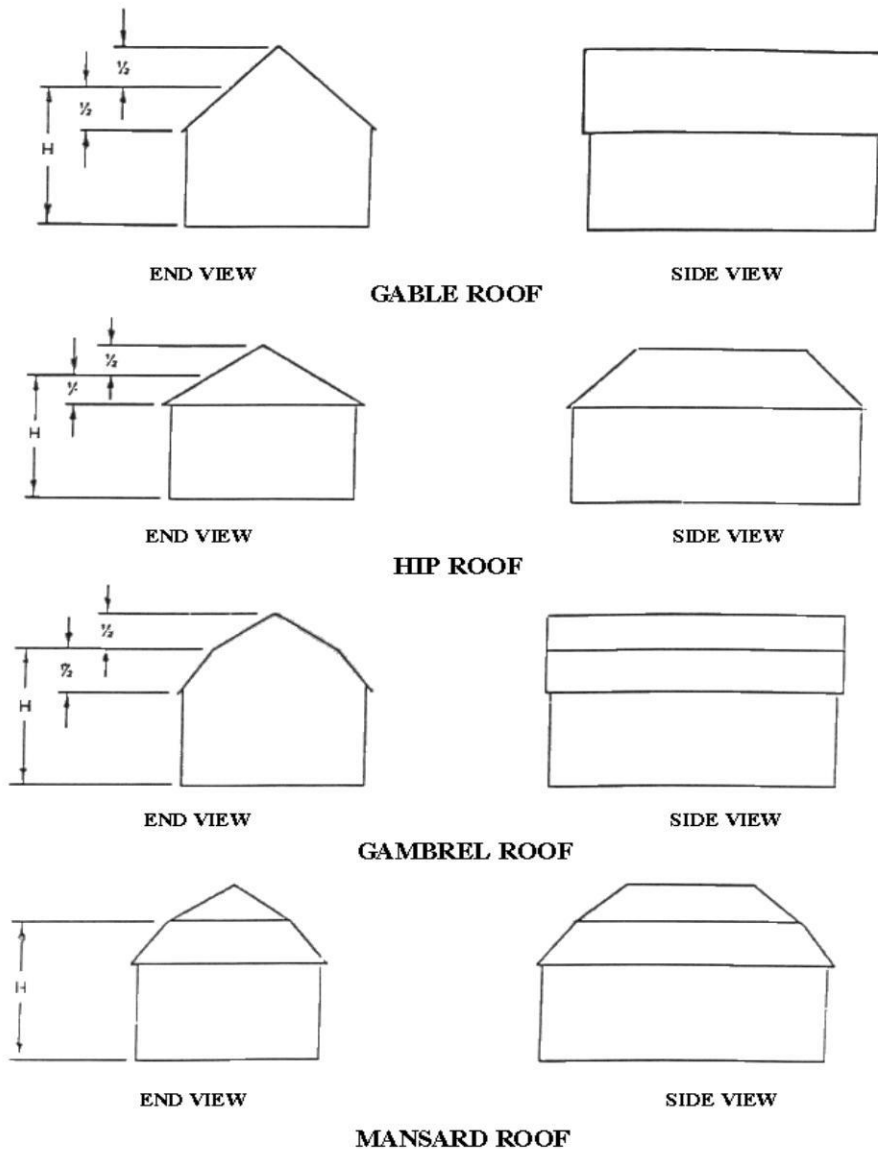
E-mail Address: _____

In addition to completing the information on page one (1) of this application; you are required to submit the following based on the type of project you are requesting:

Shed/ Detached Garage

- Plans in one copy, drawn to scale, showing the actual dimensions and the shape of the lot.
- Show the exact size and location of existing building(s) on the lot and their setbacks.
- Show the location and setbacks from all property lines for the proposed shed/detached garage.
- Show the location and width of easements or no build zones.
- Exact size of the shed/ detached garage: _____ by _____ = _____ sq. ft.
- Exterior materials to be used on the shed/ detached garage: _____
- Exterior color of shed/ detached garage: _____
- Roof style of the shed/ detached garage: _____
- Height of shed/ detached garage: _____ feet _____ inches
- For multi-family, commercial and manufacturing uses only - Area of impervious space in square feet (including roofs, drives, parking, etc.): _____ sq. ft.

H = HEIGHT OF BUILDING



ROOF TYPES AND BUILDING HEIGHT

Deck

- Plans submitted in one copy, drawn to scale, showing the actual dimensions and the shape of the lot.
- Show the exact size and location of existing building(s) on the lot.
- Show the location and dimensions of the proposed deck.
- Exact size of proposed deck: _____
- Show the existing and proposed setbacks of the existing building(s) and the proposed deck from all property lines.
- Show the location and width of easements or no build zones.

Fence/ Wall

- Plans submitted in one copy, drawn to scale, showing the actual dimensions and the shape of the lot.
- Show the exact size and location of existing building(s) on the lot and their setbacks.
- Show the location of the proposed fence.
- Show the location and width of easements or no build zones.
- The height of the fence (maximum 6ft) unless stated in Ord. [1139.21](#)
- The height of the fence: _____ feet _____ inches.
- The total length of fencing to be installed: _____ feet _____ inches.
- Type of material of fence and style (design) of fence: _____
- ****Note: The smooth finished side of the fence or wall shall be the side of the fence that faces outward from the applicants yard. All of the framing or support members of the fence shall face inward of the applicant's yard.**

Swimming Pool

- Plans in one copy, drawn to scale, showing the actual dimensions and the shape of the lot.
- Size of proposed swimming pool: _____
- Depth of proposed swimming pool: _____
- Show the exact size and location of existing building(s) on the lot.
- Show the location and dimensions of the proposed pool.
- Show the existing and proposed setbacks of the existing building(s) and the proposed pool from all property lines.
- Show the location and width of easements or no build zones.
- **** Note- swimming pools that hold more than 24" of water are required to be fenced with a fence or wall. Check with Union County Building Department for additional permits in height with an operating gate and lock.**

The applicant agrees to comply with:

- **The information contained on this permit**
- **The plans submitted in accordance with this permit**
- **The Standard Construction Specifications of the City of Marysville**
- **Agrees to comply with all conditions, modifications, restrictions, and/or regulations of the City of Marysville.**

I hereby attest to the truth and exactness of all information supplied on and with this application.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

FOR OFFICE USE ONLY

Paid (stamp):	Fees: Shed:	\$25 _____	Deck:	\$25 _____
	Fence/Wall:	\$25 _____	Swimming Pool	\$25 _____
	Detached Garage	\$25 _____	Other: _____	\$25 _____

Total Fees Due: _____
Total Fees Paid: _____
Date Paid: _____

Issued By

Date