



# City of Canal Winchester

36 South High Street  
Canal Winchester, Ohio 43110  
Development Department  
Phone (614) 837-7501 Fax (614) 837-0145

## PATIO PERMIT APPLICATION

rev. 7/23/2020

### PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

### Impervious Surfaces (square feet):

Principle Structure \_\_\_\_\_ Patio \_\_\_\_\_ Other: \_\_\_\_\_

Attach a current plot map showing the location of the proposed patio with dimensions of all existing and proposed structures. Addition information may be required to determine compliance with the Zoning Code by the Planning and Zoning Administrator.

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

\_\_\_\_\_  
**Property Owner's or Authorize Agent's Signature**

\_\_\_\_\_  
**Date**

*DO NOT WRITE BELOW THIS LINE*

Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_

Fee: \$ \_\_\_\_\_  
Paid

Historic District: \_\_\_ Yes \_\_\_ No

Preservation District: \_\_\_ Yes \_\_\_ No

Date of Action: \_\_\_ / \_\_\_ / \_\_\_\_\_

Application \_\_\_ No

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Approved: \_\_\_ Yes

\_\_\_ Yes, with conditions

Tracking Number: ZC - \_\_\_\_\_