



City of Parkersburg  
Planning Division  
1 Government Square  
PO 1627  
Parkersburg, WV 26102

<b>OFFICE USE ONLY</b>
Date: _____
Map-Parcel: _____
Zoning District: _____

### Zoning Permit Application

Applicant Name: \_\_\_\_\_  
Applicant Mailing Address: \_\_\_\_\_  
Applicant Telephone Number: \_\_\_\_\_  
Applicant Email Address: \_\_\_\_\_  
Address of Property Requesting Zoning Verification: \_\_\_\_\_

<b>ENGINEERING USE ONLY</b>
Assigned Property Address: _____
Engineering Approval: _____

Property Owner (if different than applicant): \_\_\_\_\_  
Property Owner Mailing Address: \_\_\_\_\_  
Property Owner Telephone Number: \_\_\_\_\_  
Contractor (if applicable): \_\_\_\_\_  
Contractor Mailing Address: \_\_\_\_\_  
Contractor Telephone Number: \_\_\_\_\_

### Property Use Information

Current Use of Property: \_\_\_\_\_

Proposed Use (Check all that Apply):

- |  |  |
|--|--|
| <input type="checkbox"/> New Single Family Home                        | <input type="checkbox"/> Room Addition           |
| <input type="checkbox"/> New Duplex                                    | <input type="checkbox"/> Carport or Garage       |
| <input type="checkbox"/> New Apartment                                 | <input type="checkbox"/> Covered Porch or Deck   |
| <input type="checkbox"/> New Commercial Building                       | <input type="checkbox"/> Uncovered Porch or Deck |
| <input type="checkbox"/> New Industrial Building                       | <input type="checkbox"/> Home Occupation         |
| <input type="checkbox"/> Storage Building                              | <input type="checkbox"/> Swimming Pool           |
| <input type="checkbox"/> Sign(s)                                       | <input type="checkbox"/> Fence or wall           |
| <input type="checkbox"/> Existing Building- change of use or ownership | <input type="checkbox"/> Other                   |



*The undersigned is hereby applying for a zoning permit for the above-named use, said permit shall be issued on the basis of the information and attachments provided within this application. The applicant hereby certifies that all of the information and attachments are true and correct.*

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Applicant Signature

Date

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**\*\*\*OFFICE USE ONLY\*\*\***

Section of Zoning Ordinance permitting proposed use: \_\_\_\_\_

**REQUIREMENTS:**

Lot size: \_\_\_\_\_  
Side Yard: \_\_\_\_\_  
Height: \_\_\_\_\_  
Front Yard: \_\_\_\_\_  
Rear Yard: \_\_\_\_\_  
PARKING REQUIREMENTS: \_\_\_\_\_

**PROVIDED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Board of Zoning Appeals:**

Section of Zoning Ordinance prohibiting proposed use: \_\_\_\_\_

Board of Zoning Appeals Hearing Date \_\_\_\_\_

Request Conditional Use Permit       Request Nonconforming Use Variance

Board of Zoning Appeals Decision:

Approved as requested    Conditional Approval\*    Denied    No Motion    Tabled

\*Conditions of Approval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_