

APPLICATION FOR ZONING PERMIT/ZONING COMPLIANCE CERTIFICATE

CITY OF BELLBROOK, OHIO

PERMIT NO.: _____

RECEIVED DATE: _____

1. PROPERTY LOCATION

FLOOD ZONE: Y _____ N

ADDRESS _____
SUBDIVISION _____ SECTION _____ LOT NO. _____
PARCEL ID NO. L35 _____ ZONING _____

2. NAME OF PROPERTY OWNER _____ PHONE NO.: _____

ADDRESS _____

3. APPLICANT NAME _____ PHONE NO.: _____

ADDRESS _____

4. PROPOSED USE:

*REQUIRES DESCRIPTION IN ITEM 8

_____ SINGLE FAMILY RESIDENCE	_____ BUSINESS*	_____ FENCE*
_____ MULTI FAMILY RESIDENCE	_____ ACCESSORY	_____ POOL/FENCE
_____ NO. OF UNITS	_____ BUILDING	_____ GARAGE
_____ SIGN*	_____ REMODELING	_____ ATTACHED
_____ FREE-STANDING	_____ ADDITION	_____ DETACHED
_____ WALL/ROOF	_____ DECK	_____ OTHER

5. FURNISH MAP OR SKETCH OF LOT, SHOWING EXISTING BUILDINGS AND PROPOSED CONSTRUCTION OR USE FOR WHICH THE APPLICATION IS MADE.

LOT WIDTH _____ LOT DEPTH _____ LOT AREA _____ PERCENT OF OCCUPATION _____ FRONT YARD _____
REAR YARD _____ SMALL SIDE YARD _____ SUM OF SIDES _____ BLDG. HEIGHT _____

6. SQUARE FOOTAGE

RESIDENTIAL _____ GARAGE _____ BASEMENT _____ ACC. BLDG _____ OFFICE _____ COMMERCIAL _____

7. ACCESSORY BUILDING

HEIGHT _____ WIDTH _____ LENGTH _____ SIDE YARD SETBACK _____ REAR YARD _____

8. *REMARKS* _____

THE UNDERSIGNED HEREBY APPLIES FOR A ZONING PERMIT FOR THE ABOVE USE, TO BE ISSUED ON THE BASIS OF THE REPRESENTATION CONTAINED HEREIN, ALL OF WHICH THE APPLICANT AFFIRMS TO BE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

ZONING PERMIT/COMPLIANCE CERTIFICATE

Based upon the statements found in the above application, the proposed zoning permit application is found to comply with the City of Bellbrook Zoning Ordinances and the permit is hereby granted.

Based upon the statements found in the above application, the proposed zoning compliance certificate is found to comply with the City of Bellbrook Zoning Ordinances and the certificate is hereby granted.

City of Bellbrook Zoning Inspector _____ Date _____

City of Bellbrook Zoning Inspector _____ Date _____