

CITY OF SYLVANIA - ZONING CERTIFICATE

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

WE, the undersigned, owners or their representatives, of the following described property, do hereby apply to you for a Certificate of Zoning and for such use, based on the information hereinafter set out.

Purpose of Permit: (check one)

- |                            |                           |                   |
|----------------------------|---------------------------|-------------------|
| _____ New Dwelling         | _____ Commercial - New    | _____ Other _____ |
| _____ Residential Addition | _____ Commercial Addition | _____             |
| _____ Accessory Building   | _____ Commercial Interior | _____             |
| _____ Interior Remodeling  | _____ Deck                | _____             |

Street Address \_\_\_\_\_

Legal Description \_\_\_\_\_

\_\_\_\_\_ Property Zoned \_\_\_\_\_

Lot Size \_\_\_\_\_ x \_\_\_\_\_ Lot Type: Corner \_\_\_\_\_ Interior \_\_\_\_\_ Through \_\_\_\_\_

Structure Size \_\_\_\_\_ x \_\_\_\_\_ Height \_\_\_\_\_ Square feet \_\_\_\_\_

Construction: Frame \_\_\_\_\_ Brick \_\_\_\_\_ Stone \_\_\_\_\_ Other \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Other Conditions or Comments: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(individual or company)

Address: \_\_\_\_\_  
(street, city, state, zip code)

Telephone Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

1103.031 Issuance of Building Permit - Time Requirement: No building permit shall be issued for any parcel of land unless the application for such permit is made within eighteen (18) months from the date of the issuance of the required zoning certificate.

Issued by: Robert Oberly, Zoning Administrator

Date Issued \_\_\_\_\_

Any certificate issued upon a false statement of any fact which is material to the issuances hereof shall be void.

3/2006

Permit Fee \$ \_\_\_\_\_