

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: Zoning Administrator

Date Issued _____

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

3/2014

Permit Fee \$ _____