## CITY OF SYLVANIA - ZONING CERTIFICATE

Date		Permit No	
WE, the undersigned, owners or their representations of Permit: (check one)  New Dwelling Residential Addition Accessory Building Interior Remodeling		et out.	f / Sheeting ement Completion ce
Street Address			
Legal Description			
Property Zoned	Estimated Value \$		_
Lot Type: Corner Interior _	Through		
Lot Size x 0	Construction: Frame	Brick Stone _	Other
Structure Size x	Height _	Square	Feet
Proposed Use:			
Other Conditions or Comments:			
Owner's Name:			
Submitted by (Owner or Agent):			
Address	(Individual or Compa	•	
Address:	(Street, City, State, Zip Code)		
Email:	Teleph	hone Number:	
It is the owners responsibility to know	and follow the deed restrictions and	bylaws that exist on the pr	operty and this permit
does not supersede or nullify any deed restriction	ns or bylaws of the property.		
Applicant's Signature:		Date: _	
1103.05 Issuance of Building Permit - Time the application for such permit is made wit certificate.  Requires Board of Architectural Application   Temporary or Partial Permit – Details	hin eighteen (18) months from th	e date of the issuance of	the required zoning
Issued by: Zoning Administrator			Date Issued
Any certificate issued upon a false state	-		
Date: Check Number	: Cash:	Permit Fee \$_	