

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                       Roof / Sheeting
- Residential Addition               Commercial Addition                   Basement Completion
- Accessory Building                   Commercial Interior                  Other \_\_\_\_\_
- Interior Remodeling               Deck

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

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

Property Zoned \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

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

Lot Size \_\_\_\_\_ x \_\_\_\_\_ 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): \_\_\_\_\_  
(Individual or Company)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

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

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

1103.05 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.

- Requires Board of Architectural Approval
- Temporary or Partial Permit – Details: \_\_\_\_\_

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.

..... For Office Use Only .....

Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_