



CERTIFICATE OF **ZONING PLAN** APPROVAL



I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development.

CHECK THE APPLICATION TYPE

- Commercial detached accessory structure less than 120 square feet
- Residential detached accessory structure less than 200 square feet
- Fence
- Patio, seating wall, retaining wall, landscape wall
- Temporary sign (additional information required)*
- Model home (additional information required)*
- Outdoor sales (additional information required)*
- Other _____

* Contact the Planning Department or refer to the Planning Website for additional submittal requirements

GENERAL APPLICATION REQUIREMENTS

- One original, signed **application form** (please print, except where noted)
- One copy of a **scaled site plan drawn in ink** indicating all current structures, property lines, setbacks, easements, and all proposed structures and site improvements. All proposed work should be dimensioned and labeled. Additional documentation may be required. Partial or incomplete applications and drawings cannot be processed and will be returned to the applicant.

Name of Business/Facility (if applicable):	
Property Address(es):	
Subdivision (if applicable):	Lot Number (if applicable):
Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:
Existing Land Use/Development:	Zoning District:
Briefly describe the proposal:	

II. APPLICANT INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name of Property Owner:	Daytime Telephone:
Name of Applicant/Authorized Representative	Applicant's Daytime Telephone:
Applicant's Mailing Address:	Applicant's Email:

III. PROPERTY OWNER AUTHORIZATION FOR REPRESENTATIVE(S)

I, _____, the owner and applicant , hereby authorize _____ to act as a representative(s) and agent(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner:	Date:
Signature of Authorized Representative:	Date:

FOR OFFICE USE ONLY

- **Approved**
- **Approved as Noted**
- **Disapproved as Noted.** Revise documents as required and resubmit for approval.

Application Number:	Date Issued:
By:	Determination:
Notes:	
Zoning inspection required upon completion? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please call (614) 410-4673 to schedule an inspection.	