revised 7.1.2017

614.334.2444

Zoning Application/Certificate

What requires a Zoning Application/Certificate?

- ALL commercial projects
- Residential NEW BUILDS
- Residential alteration or addition w/ change of egress or footprint

Occupancy Walk-thru $75 (Res) or $100 (Com) + $100 per unit (Res or Com) or + $300 max M-Fam

ONE (1) COPY OF A SCALED SITE PLAN & FLOOR PLAN DRAWNG, IN INK, MUST ACCOMPANY THIS APPLICATION, including all current structures, property lines, setbacks, and easements in addition to all proposed structures and site improvements. All proposed work whould 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 (not required for sign renewals).

I/We, the undersigned, hereby apply for a Zoning Certificate:

PROPERTY OWNER	**PHONE**
ADDRESS OF SUBJECT PROPERTY OR PARCEL ID	
APPLICANT/AUTHORIZED REPRESENTATIVE	**PHONE**
ADDRESS OF APPLICANT/AUTHORIZED REPRESENTATIVE	**APPLICANT'S E-MAIL**
OCCUPANT:	**OCCUPANT'S E-MAIL**

Description of Use:

Residential: Single Family (1,2,3 units)

Multi-Family (4+ units)

Commercial:

Present Use(s) on Land or in structures(s):

Present Zoning: _____

Total square footage of Building: _____

Explain scope & scale of intended use:

(if vacant, so indicate, and state when vacancy began and what use was made of property before vacancy)

Required Signatures: *(Notary services are available at the Building Division counter-Signee must be present)*

OWNER AUTHORIZATION FOR REPRESENTATIVE– (PLEASE PRINT)

I, _____, the Property Owner listed above, hereby authorize _____ to act as my representative and agent in all matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the designated agent.

Signature of Current Property Owner (listed above): _____

NOTARY STAMP

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public _____

APPLICANT'S AFFIDAVIT – (PLEASE PRINT)

I, _____,the applicant or the authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: _____

NOTARY STAMP

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public _____

FOR OFFICE USE ONLY ☐ Existing Use Certified (NC) ☐ Occupancy Walk-thru required ☐ Zoning Cert. not required ("X")

Zoning Certificate Number Assigned:	
	Authorized Signature Date

Routing: to City Planner with plan review

Routing for occupancy walk-thru: Via e-mail - CBO / City Planner/ Zoning Code Enforcement / NTFD