



ZONING CERTIFICATE APPLICATION

FAIRFIELD TOWNSHIP PLANNING & ZONING DEPARTMENT
 6032 MORRIS ROAD • FAIRFIELD TOWNSHIP, OHIO 45011
 PHONE (513)-887-4400 • FAX (513)-887-4405

PROPERTY ADDRESS _____ ZIP _____ PARCEL # A0300- _____ LOT # _____	FOR OFFICE USE ONLY APPLICATION: # 25 - _____ DATE RECEIVED: _____ RECEIPT: # _____ FEE AMOUNT: \$ _____
APPLICANT _____ PHONE _____ EMAIL _____ ADDRESS _____ CITY, STATE, ZIP _____	
PROPERTY OWNER _____ PHONE _____ EMAIL _____ ADDRESS _____ CITY, STATE, ZIP _____	
CONTRACTOR _____ PHONE _____ EMAIL _____ ADDRESS _____ CITY, STATE, ZIP _____	
COMMERCIAL JEDD DISTRICT: <input type="checkbox"/> YES <input type="checkbox"/> NO END USER _____ CHECK ALL THAT APPLY: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> TENANT FINISH/REMODEL <input type="checkbox"/> NEW USE <input type="checkbox"/> WALL SIGN <input type="checkbox"/> FREE STANDING SIGN <input type="checkbox"/> TEMPORARY SIGN <input type="checkbox"/> FENCE (MATERIAL: _____ HEIGHT: _____) <input type="checkbox"/> TEMPORARY EVENT <input type="checkbox"/> OTHER: _____ TOTAL SQUARE FOOTAGE _____	
RESIDENTIAL CHECK ALL THAT APPLY: <input type="checkbox"/> ADDITION/REMODEL <input type="checkbox"/> DECK <input type="checkbox"/> FENCE (MATERIAL: _____ HEIGHT: _____) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> IN-GROUND POOL <input type="checkbox"/> ABOVE-GROUND POOL <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> OTHER _____ TOTAL SQUARE FOOTAGE _____	

DESCRIPTION OF CURRENT LAND USE AND EXISTING STRUCTURES: _____

DESCRIPTION OF PROPOSED PROJECT: _____

IT IS THE RESPONSIBILITY OF THE OWNER/APPLICANT TO COMPLY WITH ANY AND ALL CIVIL DEED AND/OR SUBDIVISION RESTRICTIONS AND COVENANTS.

FOR ALL COMMERCIAL PROJECTS AND BUSINESSES: WHEN REFERENCING THE LOCATION OF THE BUSINESS, INSIDE OR OUTSIDE OF THE BUILDING, IN SOCIAL MEDIA POSTS, RIBBON CUTTINGS, ECT. MAKE SURE "FAIRFIELD TOWNSHIP" IS REFERENCED AND NOT ANOTHER TOWNSHIP OR MUNICIPALITY.

I hereby apply for a zoning certificate from Fairfield Township. I affirm that all information provided herewith is true and correct, and that I am authorized to make this application. I understand and agree that any zoning certificate issued may be revoked if error, omission or misrepresentation occurred concerning this application.

Applicant _____ Date _____ Owner _____ Date _____

NON-REFUNDABLE FEE DUE AT TIME OF APPLICATION SUBMITTAL