



CLARK COUNTY COMMUNITY DEVELOPMENT

3130 E. Main Street, Suite 1A; Springfield, OH 45505
Phone: 937-521-2160 Fax: 937-328-2621 www.clarkcountyohio.gov/community_development

ZONING CERTIFICATE APPLICATION

For the unincorporated areas of: Bethel, Green, Harmony, Madison, Mad River and Moorefield townships.

8/3/2015

** FOR OFFICE USE ONLY **

Application # _____

Zoning Fee \$ _____

Fee Paid

A Plot Plan **MUST** be submitted with this application. Refer to Clark County Auditor's GIS: <http://gis.clarkcountyauditor.org>.

Site Address (if no site address, enter Parcel Number) _____

Township _____

Property Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

Owner's E-Mail Address _____ Phone Number ____ / ____ / ____

Contractor's Name _____

Contractor's Address _____ Phone Number ____ / ____ / ____

Give a brief description of the proposed project:

Size of the new building or structure:

Height: _____ Dimensions: _____ Sq. Footage: _____

The undersigned is applying for a Zoning Certificate for the use(s) stated herein and certifies that all information on this Application and Plot Plan, as well as any additional information provided, is correct. The undersigned must be the property owner or an authorized representative of the property owner.

SIGNATURE: _____ DATE: ____ / ____ / _____

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Zoning _____ Flood Plain _____ Thoroughfare ROW _____ Airport Zoning _____ OS Overlay _____

Other _____

FRONT (from ROW line) _____ SIDE (least width) _____ REAR _____
(from centerline) _____ (sum of both) _____