

**FAIRFIELD TOWNSHIP ZONING DEPARTMENT  
APPLICATION FOR ZONING PERMIT**

6032 Morris Road  
Fairfield Twp., Ohio 45011

513-887-4400 Ext-2266 & 2265  
513-887-4405 (Fax)

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Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Phone \_\_\_\_\_ Cell \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Property Owner's Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name & contact number for Permit Pick-up \_\_\_\_\_

**Description of Building/Type of Construction**

Permit For \_\_\_\_\_

Description of Use \_\_\_\_\_

Address \_\_\_\_\_

Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_

Parcel Number \_\_\_\_\_

Section \_\_\_\_\_ Town \_\_\_\_\_ Range \_\_\_\_\_ Zone \_\_\_\_\_

Type of Occupancy \_\_\_\_\_ Public Road Frontage \_\_\_\_\_

Size of Lot \_\_\_\_\_ Size of Building \_\_\_\_\_

Number of Stories \_\_\_\_\_ Square Feet \_\_\_\_\_

Fees \_\_\_\_\_ Paid \_\_\_\_\_ Date Received \_\_\_\_\_ Permit # \_\_\_\_\_

**Deeds and/or subdivision restrictions may be violated.  
It is your responsibility for their compliance.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Zoning reviewed by \_\_\_\_\_ Date \_\_\_\_\_

**Location of building must be staked out for approval.**

**Non-refundable fee due at time of application submittal**