

**FAIRFIELD TOWNSHIP ZONING DEPARTMENT
APPLICATION FOR ZONING CERTIFICATE**

6032 Morris Road
Hamilton, Ohio 45011

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

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