



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: # 24 - _____ 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.

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