



FAIRFIELD TOWNSHIP ZONING DEPARTMENT  
6032 MORRIS ROAD • FAIRFIELD TOWNSHIP, OHIO 45011  
PHONE (513)-785-2247 • FAX (513)-887-4405

**APPLICATION FOR ZONING CERTIFICATE**

Permit # \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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Type of Permit Requested: \_\_\_\_\_ Description of Project Use: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Parcel Number: A0300- \_\_\_\_\_ Zone District: \_\_\_\_\_

Size of Project: \_\_\_\_\_ Square Feet of Project: \_\_\_\_\_

Fees: \_\_\_\_\_ Paid: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

**(By signing this application below, indicates that all information herein is true to the best of your knowledge and that you agree to Fairfield Township Zoning Resolution in the use of the property.)**

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

**Deeds and/or subdivision restrictions may be violated.**

**It is the responsibility of the Owner to meet their subdivision obligations and laws.**

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