



Zoning Certificate Application for Fences

City of Centerville • 100 West Spring Valley Road • Centerville, Ohio 45458

Phone: (937)433-7151 • E-mail: planning@centervilleohio.gov

Application No. _____

Date Received _____

Applicant Information

Applicant Name _____ Phone No. _____
 Applicant Address _____
 Property Owner _____ Phone No. _____
 Property Address _____
 Zoning District _____ Contractor _____

Request Information

Type of Lot: Corner _____ Interior _____ Other _____

Fence Type: Chain Link _____ Privacy _____ Split Rail _____ Picket _____
 Other _____

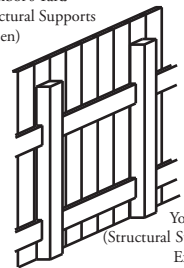
Fence Location: (Check all that apply) Front Yard _____ Side Yard _____ Rear Yard _____

Fence Height: (Fill-in all that apply) Front Yard _____ Side Yard _____ Rear Yard _____

Fence Material(s): _____

Fence Orientation

Neighbor's Yard
(Structural Supports
Hidden)



Your Yard
(Structural Supports
Exposed)

Show Proposed Fence Location on Corresponding Lot Type

Street/ROW Street/ROW			<i>Draw proposed fence location here if other Examples do not match your lot's layout</i>
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Be aware that your property may include recorded easements, including but not limited to utility easements, and the property owner is solely responsible for locating all recorded easements. The property owner assumes all risk when constructing a fence within a recorded easement. Such fence may require relocation or removal *at the owner's expense* for scheduled or emergency maintenance, repair, or replacement within the easement. Contact the county auditor or recorder's office for a complete listing of recorded easements on your property.

I hereby certify that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information in this application is not correct or complete, any permit issued may be invalid with the result being that I may be required to take the above-described fence down at my own expense. Any approval granted by the City shall expire if the work has not begun within one (1) year from the date of approval.

Print Name of Owner or Authorized Agent _____

Signature of Owner or Authorized Agent _____

Date _____

Departmental Use Only

Form of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Ck _____ <input type="checkbox"/> CC _____	Application Fees Application Fee: _____	Review Authority <input type="checkbox"/> Administrative <input type="checkbox"/> Planning Commission <input type="checkbox"/> Board of Arch. Review
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Staff Signature _____ Date _____