## APPLICATION FOR RESIDENTIAL ZONING CERTIFICATE SPRINGFIELD TOWNSHIP, LUCAS COUNTY

The undersigned hereby applies for a Zoning Certificate for the following use and or building, to be issued on the basis of the information contained herein, including attached drawings, all of which applicant says are true.

Subdivision	n:			Plat #_	Lot #	
Address of						
Parcel #			Asse	A		
Name of Ov	wner(s): _			Phone	#	
Address:					rict:	
Agent:					#	
Lot size:	,	X	' Frontage:	' Type of lot: In	side Corner C	
Fill in all t	hat apply:	Pole Ba	welling Remodel Shed For Foundation Shed For Foundation For	ence Pool		
			tRoof pit		overhang	
			l living area in square fee			
	_		Explain ch			
Addition:			, Location: Front <		de O	
Garage:	Size:	,X	, Square footage:	Height:	Use:	
			, Square footage:			
Shed:	Size:	,X	, Square footage:	Height:	Use:	
Fence:	Fence tv	ne:	Linear Fee	et: Heig	ht:	
Pool:	Size:	I	Above Gro	ound O Bel	ow Ground	
Deck:			Location:			
Remarks:			TITO		2 2100	
		ed permit	, provide an e-mail addre	ess:		
Note: New Dw	ellings not in	a platted subd	ivision must secure permits from the classicate. Home Owners Associations	he Lucas County Health Dep		
5589.99 of the Coof any public high	Ohio Revised ( ghway" Th	Code states, in e penalty for s	roads or streets, deposited thereon part, "No person shall dig up, rem such an offense is a term of impriso prior to construction.	nove, excavate, or place any	earth or mud upon any portion	
relies on the con installing impro- verifying legal d	mpleteness, rel vements withi descriptions and read the foreg	evancy, and a n Owner's pro id is not appro- going applicati	on is true, accurate and complete we ccuracy of the Application for Zon operty lines. By accepting this approxing anything installed beyond proton and agree. Any certificate issu	ning Certificate. Property ov olication and granting permit operty lines. Property owner	vner is responsible for , Springfield Township is not is responsible for proper	
Signature:		Da	Date:			
Submitted by	y (Please P	rint):				
OFFICE USE O	ONLY: Date	Received:	Fee paid:	Check #	Receipt #	