



# Zoning Certificate Application for Fences

City of Centerville • 100 West Spring Valley Road • Centerville, Ohio 45458  
Phone: 937.433.7151 Fax: 937.428.4763 E-mail: [planning@centervilleohio.gov](mailto: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 \_\_\_\_\_

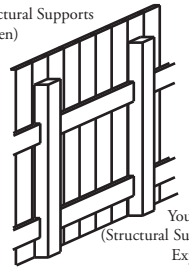
Fence Location: (Check all that apply) Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

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

			<p>Draw proposed fence location here if other Examples do not match your lot's layout</p>
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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

<p>Form of Payment</p> <input type="checkbox"/> Cash <input type="checkbox"/> Ck _____ <input type="checkbox"/> CC _____	<p>Application Fees</p> <p>Application Fee: _____</p>	<p>Review Authority</p> <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	<p>Staff Signature _____ Date _____</p>	