Zoning Certificate Application for Fences

City of Centerville •100 West Spring Valley Road • Centerville, Ohio 45458
Phone: 937.433.7151 Fax: 937.433.8221 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 _____

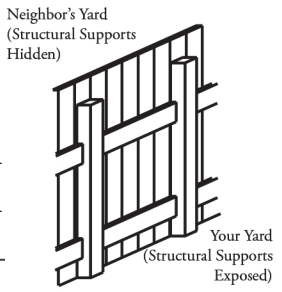
Other _____

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

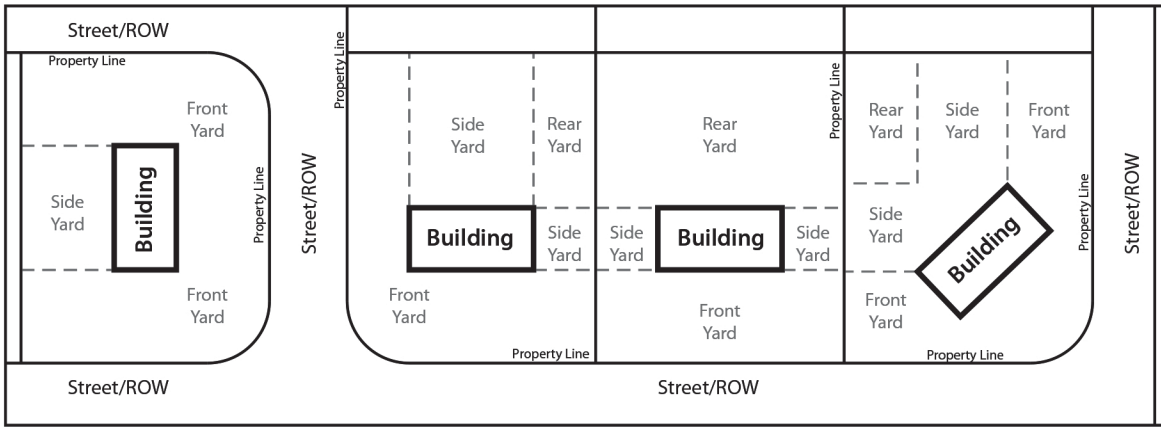
Fence Height: (Fill-in all that apply) Front Yard _____ Side Yard _____ Rear Yard _____

Fence Material(s): _____

Fence Orientation



Show Proposed Fence Location on Corresponding Lot Type



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

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	Application Fees	Review Authority
☐ Cash ☐ Ck _____ ☐ CC _____	Application Fee: _____	☐ Administrative ☐ Planning Commission ☐ Board of Arch. Review

☐ Approved ☐ Approved with Conditions ☐ Denied

Staff Signature _____ Date _____