



Certificate of Zoning Compliance Application

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

Phone: 937.433.7151 Fax: 937.428.4763 E-mail: planning@centervilleohio.gov

Application No. _____

Date Received _____

Applicant Information

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ E-mail _____

Request Information

Property Owner _____

Company/Business Name _____

Property Address _____

Zoning District _____ Parcel ID No. _____

Existing Use _____ Proposed Use _____

Description *(include type of use, hours of operation, number of employees, and other pertinent information as an attachment if needed)*

Please provide a detailed site plan illustrating existing parking lot configuration, vehicular and pedestrian accessibility to the site, a building floor plan showing all proposed uses for each internal space, and any other pertinent site characteristics. Additionally, other information may be required for Occupancy Permit review through the City of Centerville Building Inspection Department.

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other City regulations which are not specifically the subject of this application. I understand that approval of this application does not constitute approval of a building occupancy permit. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this zoning certificate as determined by the City Planner. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. I am aware that the City has attempted to request everything necessary for an accurate and complete review of my proposal; however, after my application has been submitted and reviewed by City staff, I understand it may be necessary for the City to request additional information and clarification.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Signature of Owner or Authorized Agent

Date

Print Name of Owner or Authorized Agent

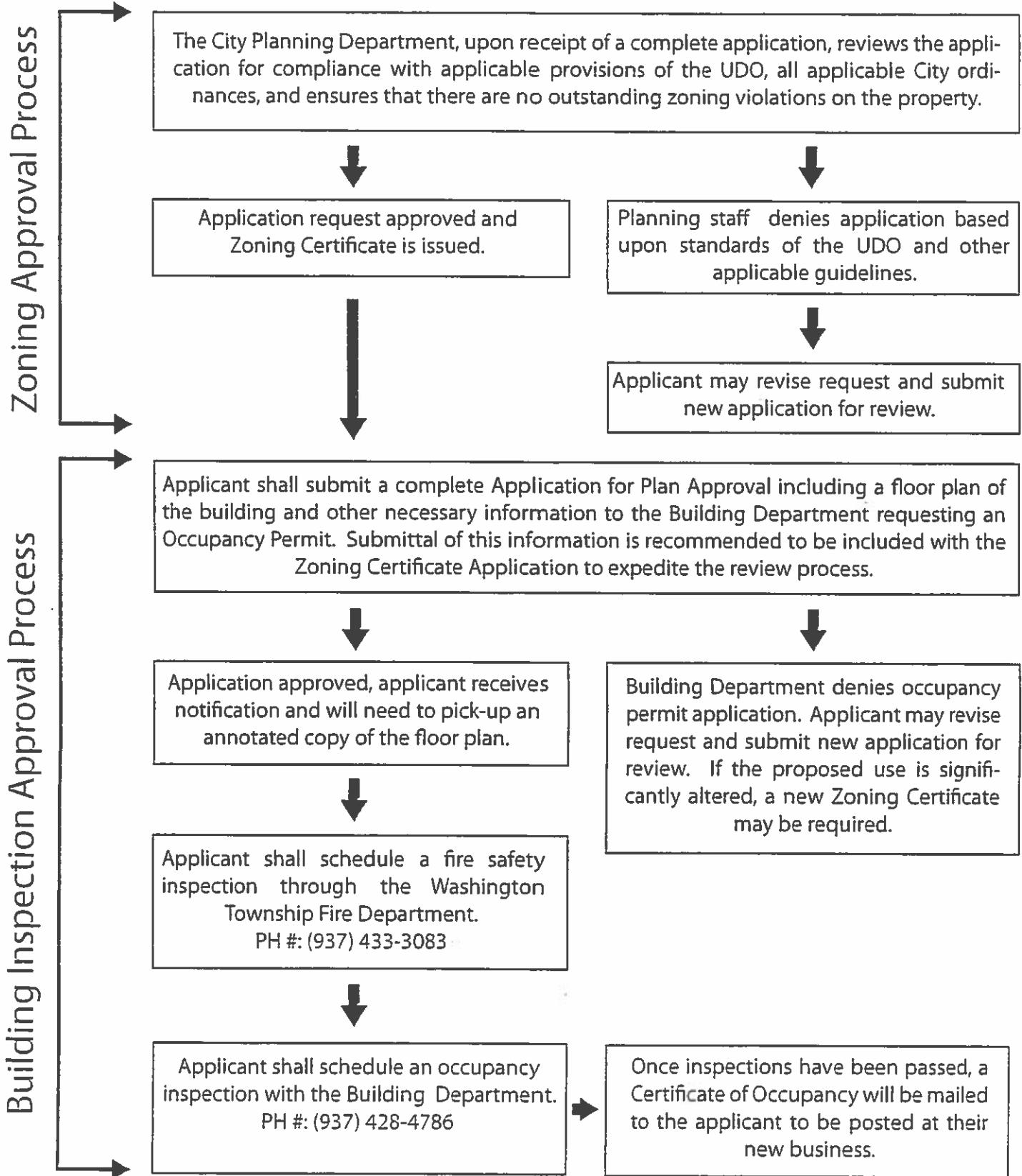
Departmental Use Only

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



City of Centerville - Occupancy Request Flow Chart

The following flow chart describes the series of actions required for an occupancy approval request.



For additional detailed information on Certificate of Zoning Compliance procedures and all requirements applicable to development approvals within the City, please reference Article 5, Development Procedures of the Unified Development Ordinance. Additional information applicable to the Building Occupancy Permit procedure is available through the City of Centerville Building Inspection Department at (937) 428-4786.