The City of Canal Winchester
Development Department
45 E. Waterloo Street
Canal Winchester, Ohio 43110
Phone (614) 837-7501 Fax (614) 837-0145

CERTIFICATE OF ZONING COMPLIANCE APPLICATION

PROPERTY OWNER

Name _____

Address _____

Phone _____ Email _____

APPLICANT

Name _____

Address _____

Phone _____ Email _____

Address of Subject Property _____

Proposed Use _____

_____

Attach a current (within 2 years) survey along with a plan showing dimensions of all existing and proposed structures. The Planning & Zoning Administrator may require additional information to determine compliance with the zoning code.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's or Authorized Agent's Signature **Date**

DO NOT WRITE BELOW THIS LINE

Date Received: ____ / ____ / _____ Fee: $_____

Date of Action: ____ / ____ / _____ Paid: ☐

Expiration Date: ____ / ____ / _____

Tracking Number: ZC - _____

Historic District: ___ Yes ___ No

Preservation District: ___ Yes ___ No

Application Approved: ___ No
___ Yes
___ Yes, with conditions