

VILLAGE OF WEST ALEXANDRIA ZONING OFFICE

1 WATER Street West Alexandria, OH 45381

APPLICATION FOR ZONING CERTIFICATE

Owner Name & Address: _____

_____ Phone: _____

Tenant Name & Address: _____

_____ Phone: _____

Zoning Request Type: Fence ☐ Pool ☐ Accessory Building (shed, garage, etc.) ☐
Business ☐ Sign ☐ Other ☐

If other is selected, please explain request:

A site plan or drawing must be attached. Site plan must include the following:

- ❖ Location of existing buildings on the lot
- ❖ Location of new structure being added to the lot
- ❖ Dimensions of new structure

Site plan attached: Yes: ☐ No: ☐

UTILITIES WARNING!!! BEFORE YOU DIG, you must call **OUPS** (1-800-362-27640. Call **NO LESS THAN** 48 hours or more than 10 days prior to the time you dig or drill.

I attest, that to the best of my knowledge, the above information supplied is true and exact. Furthermore, I understand that this permit shall expire and shall be revoked if work has not been started and substantially pursued within one (1) year of issue date.

Signature of Owner: _____ Date: _____

Signature of Tenant: _____ Date: _____

Contractors Name & Phone Number: _____

OFFICE USE ONLY Date Received: _____ Approved _____ Disapproved _____

Subdivision Name _____ Lot Number _____

Signed: _____ Title: _____ Date: _____

Comments: _____

Fee: \$ _____ Date Paid: _____