



Planning & Zoning Department
 100 Dayton St, 2nd Floor
 Yellow Springs, OH 45387
 (937) 767-1702

Permit Application: Zoning Compliance

[FOR OFFICE USE ONLY]

Permit #: _____

Application Received: _____

Applicant Information

Property Address:			
Property Owner:	Phone:	Email:	
Mailing Address:			
Applicant Name:	Phone:	Email:	
Applicant Address:			

Project Information

Current Use: _____

Proposed Project/Use: _____

Notes/Special Conditions: _____

Site Plan Attached?: Yes

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

I, the undersigned do hereby certify that I am the applicant, and the information and statements given on this application, drawings, and specifications are to the best of my/our knowledge, true and correct. I understand that the Village is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this Zoning permit as determined by the Village. I further certify that I am the Owner, or the lessee, or agent, fully authorized by the owner to make this submission. I certify that statements made to me about the time required to process this application are general estimations and not binding. Further, I understand that it may be necessary for the Village to request additional information and clarification after I have submitted this application and accompanying documentation.

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

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Zoning Fee: \$_____	Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Other fees: \$_____	Zoning District:	SEE ATTACHED LETTER FOR CONDITIONS
	PC/BZA Hearing Date:	PC/BZA Case #:
Total \$	Zoning Official Name and Title	Date