



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110
Development Department
Phone (614) 837-7501 Fax (614) 837-0145

CERTIFICATE OF ZONING COMPLIANCE APPLICATION

rev. 09/24/2013

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Address of Subject Property _____

Proposed Use _____

Attach a current (within 2 years) survey along 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 Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / _____

Fee: \$ _____
Paid

Historic District: ___ Yes ___ No

Preservation District: ___ Yes ___ No

Date of Action: ___ / ___ / _____

Application ___ No

Expiration Date: ___ / ___ / _____

Approved: ___ Yes

___ Yes, with conditions

Tracking Number: ZC - _____