

City of Bexley
 2242 East Main Street
 Bexley, OH 43209

 Development Department
 (614) 235-8694
 FAX (614) 235-3420

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Property Owner's Name	Address	Daytime Phone
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Applicant's Name <small>(if different from owner)</small>	Address	Daytime Phone
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Address of Subject Property _____

Proposed Use (use separate sheet if necessary) _____

Attach a sketch plan showing dimensions of all existing and proposed structures, as well as parking and landscape plans, if applicable. Also show dimensions of all interior spaces to be used. The Zoning Administrator may require additional information to determine compliance with the zoning code. Upon issuance of this certificate indicating zoning approval, and prior to occupancy, the applicant must contact the Building Department to determine building requirements, if any.

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

Property Owner's Signature

Date

Applicant's Signature (if different from owner)

Date

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Application Approved: ___ Yes ___ No	Approved by: _____ Authorized Signature
Expiration Date: ___ / ___ / ___	Date: _____
Conditions: _____	

