



# Zoning Certificate Application for Fences

Washington Township Development Services Department  
 8190 McEwen Road Dayton, Ohio 45458  
 P: 937.433.0796 E: 937.438.2742

## Request Information

Applicant Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Property Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Contractor: \_\_\_\_\_

Type of Lot: Corner \_\_\_\_\_ Interior \_\_\_\_\_ Other \_\_\_\_\_

Fence Type: Chain Link \_\_\_\_\_ Privacy \_\_\_\_\_ Split Rail \_\_\_\_\_ Picket \_\_\_\_\_ Other \_\_\_\_\_

Fence Location: *(Check all that apply)* Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Fence Height: *(Fill-in all that apply)* Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Additional Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Show Proposed Fence Location on Corresponding Lot Type

		<p>Draw proposed fence location here if other examples do not match your lot's layout</p>
<p>* The size of the rear yard for corner lots varies by the lot's specific Zoning District requirements.</p>		

I hereby certify that the information and statements on this application, or attached hereto, are true and correct to the best of my knowledge. I acknowledge that it is my responsibility to ensure that the proposed fence location does not encroach into the Public Right-of-Way nor outside the limits of the subject property. I understand that if the information in this application is not correct or complete, any Zoning Certificate issued may be invalid. I agree to comply with all conditions and requirements that may be imposed by the approval of this application request. Any approval granted by the Township shall expire within one (1) year from the date of approval. I authorize representatives from Washington Township to enter the above-referenced property address to ensure compliance with the Zoning Certificate and any applicable requirements of the Zoning Resolution.

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Date

Department Use Only

Date Received	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Modification			
	<input type="checkbox"/> Denied		Staff Signature		Date