



# Residential Zoning Certificate Application

Application No.: \_\_\_\_\_

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

**Type of Request:**       **New Construction**    **Addition**    **Other** \_\_\_\_\_

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

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

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

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

**Property Owner's Address:** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_

**Size:**   **Existing Floor Area:** \_\_\_\_\_ square feet      **Proposed Floor Area:** \_\_\_\_\_ square feet

**Existing Building Height:**      \_\_\_\_\_ Feet      \_\_\_\_\_ Inches      **Proposed Height of Building:** \_\_\_\_\_ Feet      \_\_\_\_\_ Inches

**Proposed Use of Structure:** \_\_\_\_\_

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

I hereby certify that the information and statements on this application, or attached hereto, are true and correct. I acknowledge that it is my responsibility to ensure that the proposed project and/or use shall conform to all the provisions of the Washington Township Zoning Resolution. 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