



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