



# CHANGE OF USE/ZONING COMPLIANCE ZONING CERTIFICATE APPLICATION

Xenia Township

8 Brush Row Rd., Xenia OH 45385

Phone: 937-372-0859 · Fax: 937-372-3343 · www.xeniatownshipoh.gov

## PROPERTY AND CONTACT INFORMATION

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Property: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Email Address : \_\_\_\_\_ Parcel Number: \_\_\_\_\_

## PROPOSED CHANGE OF USE/COMPLIANCE

Proposed Building Use: \_\_\_\_\_

## FLOOR SPACE

Total Floor Space: \_\_\_\_\_ sq. ft.

### Other Information Required:

- ◆ Plot plan of property including existing buildings, proposed buildings, well, septic.
- ◆ Floor Plan.

### FEES:

**CHANGE OF USE/COMPLIANCE**                      \$50.00

I hereby certify that all of the information supplied in this application and attachments are true and correct to the best of my knowledge, information and belief. I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon by the Township Zoning Inspector. I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun or been substantially pursued within one year from the date of issuance, said zoning certificate shall become null and void.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*NOTE: REFUSAL OF THIS CERTIFICATE MAY BE APPEALED BY FILING AN APPLICATION WITHIN 20 DAYS OF DENIAL*

This application has been \_\_\_\_ **APPROVED** \_\_\_\_ **REJECTED** for issuance of a Zoning Certificate by the Xenia Township Zoning Inspector.

\_\_\_\_\_  
Xenia Township Zoning Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**\*NO REFUND WILL BE ISSUED FOR ANY REASON\***

