



CITY OF BELLEFONTAINE • ENGINEERING DEPARTMENT

135 N DETROIT ST • BELLEFONTAINE, OHIO 43311
ENGINEERING@CI.BELLEFONTAINE.OH.US
(937) -593-0417

SKETCH/SITE PLAN REQUIRED

APPLICATION FOR ZONING CERTIFICATE

OFFICE USE ONLY DATE:	ZONING DISTRICT:	ZONING FEE:	ZONING CERT #:
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JOB AND APPLICANT INFORMATION:

OWNER:	
ADDRESS:	PHONE:
CITY/STATE/ZIP:	EMAIL:

CONTRACTOR INFORMATION:

CONTRACTOR:	CONT. REGISTRATION #:
ADDRESS:	PHONE:
CITY/STATE/ZIP:	EMAIL:

ARCHITECT/ENGINEERING INFORMATION:

ARCHITECT/ENGINEER:	
ADDRESS:	PHONE:
CITY/STATE/ZIP:	EMAIL:

PROJECT INFORMATION:

WORK SITE LOCATION:
TOTAL COST OF JOB: \$
DESCRIBE IN DETAIL NATURE OF PROJECT: _____
TYPE OF IMPROVEMENT: <input type="checkbox"/> NEW BUILD <input type="checkbox"/> REPAIR/REPLACE <input type="checkbox"/> ADDITION/ALTERATION <input type="checkbox"/> OTHER: _____

TYPE OF USE:

<u>RESIDENTIAL</u> <input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> FOUR OR MORE FAMILY <input type="checkbox"/> ACCESSORY USE <input type="checkbox"/> OTHER: _____	<u>NON-RESIDENTIAL:</u> <input type="checkbox"/> AMUSEMENT/RECREATION <input type="checkbox"/> CHURCH/RELIGIOUS <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> OFFICE/BANK <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> ACCESSORY USE <input type="checkbox"/> SERVICE STATION/GARAGE <input type="checkbox"/> HOSPITAL/INSTITUTION <input type="checkbox"/> OTHER: _____
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BUILDING DETAILS (IF APPLICABLE):

DIMENSIONS: LENGTH	SQ FT LIVING AREA:
WIDTH:	SQ FT GARAGE:
HEIGHT:	NEW BUILD TOTAL SQ FT:
NUMBER OF STORIES:	EX. STRUCTURES TOTAL SQ FT:
TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC	TYPE OF WATER SUPPLY: <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC

OFFICE USE ONLY

INSPECTION: ☐ REQUIRED ☐ NOT REQUIRED

***NOTICE MUST BE GIVEN TO THE ENGINEERING DEPARTMENT 48 HOURS BEFORE INSPECTION IS REQUIRED.
PLEASE CONTACT BOB MARKLEY (937)-539-8308 TO SCHEDULE INSPECTIONS.**

THE OWNER OF THIS BUILDING AND APPLICANTS DO HEREBY COVENANT AND AGREE TO FOLLOW ALL LAWS OF THE STATE OF OHIO AND THE ORDINANCES OF THIS JURISDICTION AND TO CONSTRUCT THE PROPOSED BUILDING OR STRUCTURE OR MAKE THE PROPOSED CHANGE OR ALTERATION IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith, AND CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION, DRAWINGS AND SPECIFICATIONS ARE TO THE BEST OF THEIR KNOWLEDGE, TRUE AND CORRECT. WE FURTHER ATTEST THAT THE PROPOSED USE AND/OR ALTERATION DOES NOT VIOLATE ANY COVENANCE, DEED RESTRICTIONS OR EASEMENT LANGUAGE.

ALL FEES MUST BE PAID BEFORE WORK COMMENCES. *ALWAYS CALL OUPS BEFORE YOU DIG 811 OR 1-800-362-2764*****

APPLICANT'S SIGNATURE:	DATE:
OWNER'S SIGNATURE:	DATE:
OFFICE USE ONLY PERMIT ISSUED BY:	DATE: