



**APPLICATION FOR
CERTIFICATE OF ZONING COMPLIANCE**

Permit # CZC-

Fee \$42.25

Date: _____

1. Business Name (DBA) _____

Phone _____ Fax: _____

2. Address of Business _____

3. Business Owner _____

Address _____

Phone _____ Email: _____

4. Zoning District _____ Parcel ID#: _____

5. Property Owner _____

Address _____

Phone _____ Email: _____

6. Proposed Use or Activity _____

Type of Use: Office Retail Industrial Commercial Other: _____

I/we certify that all information and attachments to this application are true and correct to the best of my knowledge. I/we also understand that any business conducted on or about this property that has not been approved by the Zoning Department may cause this certificate to be revoked and/or legal action to be taken against the business owner, property owner or both. I/we have also contacted the City of Springboro Tax Department and have completed all necessary requirements with that Department.

Applicant Signature: _____ Date: _____

Printed Name: _____

ALL FIELDS MUST BE COMPLETED AND LEGIBLE
(any missing information will hold up the permit process.)

Zoning Inspector Stamp Here

Current fee schedule effective 01/01/2012 till 12/31/2012.