Wellington Township P.O. Box 425 Wellington, Ohio 44090

WELLINGTON TOWNSHIP ZONING CERTIFICATE

PARCEL NUMBER:	<u> </u>	CERTIFICATE NUMBER:
The undersigned hereby applies for of which applicant swears to be true		se, to be issued on the basis of the representations contained herein a
Location of Property		Proposed Use (Check all that apply)
		Residential OR Commercial
		New Construction Sign
Phone		Addition Fence
		Accessory Building Pool (A or U) Other
@ Square Feet of Project:	Building Height:	@ Cost of Project:
Lot Area:	Lot Width:	Front Yard Depth:
Rear Yard Depth:	Side Yard Width:	Total Side Yard Width:
	For Townsh	nip Use Only
Date Certificate Given:		_ Driveway Permit Issued? Y N
Were the Following Items Given?	1. Certificate	Access Mgt. Permit Issued? Y N Y N
were the ronowing reems diven.	2. Instruction Brochure	YN
Date Certificate Returned:		Date information verified:
Were the Following Returned?	Completed Certificate -ALL applicable dimensions	Y N Does all information comply with the current Wellington Township Zoning Resolution? Y N
	 (3) Copies of Proposed Building Septic Permit 	Y N Cost of Certificate:
Certificate Granted: Yes No	Zoning Inspector Signature:	Date
	Applicant Signature:	