

Application# _____

Form Z-1

VILLAGE OF WEST ALEXANDRIA ZONING OFFICE

16 North Main Street West Alexandria, OH 45381

APPLICATION FOR ZONING CERTIFICATE

Owner Name & Address _____

Phone (HM) _____ Phone# (WK) _____

Subdivision Name: _____ Lot Number: _____

Request: _____

**You must include lot size dimensions with square footage or acreage.*

Tenant Name & Address: _____

Phone# _____

Site Plan Attached: Yes No

UTILITIES WARNING!!! BEFORE you dig, you must call OUPS (1-800-362-2764). Call NOT LESS THAN 48 hours or MORE THAN 10 days prior to the time you dig or drill.

I attest, that to the best of my knowledge, the above information supplied is true and exact. Furthermore, I understand that this permit shall expire and shall be revoked if work has not been started and substantially pursued within one (1) year of its issue date.

Signature of Owner _____ Date _____

Signature of Tenant _____ Date _____

Application Request: (Zoning Inspector) _____ Date Received: _____
 Approved Disapproved

Comments: _____

Contractor's Name & Address _____

Signed _____ Date _____

Title _____

Fee _____

Date Paid _____