

City Of Wadsworth, Ohio

ZONING CERTIFICATE

Print Applicant Name _____

Lot Number _____

Site Address _____

Zoning District _____

Contractor Info: _____
Name Address Phone

Applicant Certification

I HEREBY CERTIFY AS THE OWNER OF RECORD, OR OWNER'S AUTHORIZED AGENT, THAT THE SUBMITTED PLAN SHOWS THE LOCATION OF ALL STRUCTURES, LOT LINES, EASEMENTS, PARKING AREAS, AND DRIVEWAYS EXISTING OR TO BE CONSTRUCTED THAT ARE ON THIS PARCEL AND RELATE TO THE APPROVAL FOR WHICH THIS ZONING CERTIFICATE IS BEING REQUESTED. I HEREBY AGREE THAT ANY VIOLATION OF THE ZONING ORDINANCE OR ENCROACHMENTS INTO EASEMENTS, WITH REGARD TO THE LOCATION OF THE PROPOSED STRUCTURE(S) OR OTHER IMPROVEMENTS SHOWN, WILL BE CORRECTED AT MY EXPENSE.

Owner/Agent Signature

Date

-----(This Section for Official Use Only) -----*

This certificate verifies that the site plan for the above referenced property, as submitted by the applicant, complies with all the zoning requirements for the use district in which it is located, as specified in the City of Wadsworth Zoning Ordinances.

APPROVED USE(S):

Residential

- ☐ Single Family Dwelling
- ☐ Addition
- ☐ Attached Deck/Porch
- ☐ Detached Garage/Accessory Building
- ☐ Storage Shed
- ☐ Fence
- ☐ Swimming Pool

Commercial/Industrial/Multi-Family

- ☐ New Construction
- ☐ Addition
- ☐ Accessory Structure
- ☐ Alteration
- ☐ Sign
- ☐ Fence
- ☐ Use Change

Other: _____

Notes: _____

Approved By: _____

Zoning Inspector

Date

**THIS CERTIFICATE EXPIRES SIX MONTHS FROM THE DATE OF
ISSUE UNLESS CONSTRUCTION HAS COMMENCED.**