

Village of Lockland  
Application for Zoning Certificate

NOTE: This application must be completed in its entirety, and a Zoning Certificate issued by the Village before a building permit will be considered.

Applicant Information:

Name \_\_\_\_\_ Date of application \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Address of property for which zoning certificate is being sought:

\_\_\_\_\_

Current zoning of the subject property: \_\_\_\_\_

Are you aware of the permissible uses and requirements of this district? Yes ( ) No ( )

What will occupy this property and/or building? Be as detailed as possible in your description.

Attach a sketch of property and/or building layout giving all dimensions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will storage of any kind take place at this location? Yes ( ) No ( ) If yes, list items to be stored:

\_\_\_\_\_

If this concerns the erection of a fence, what is the height of the new fence? \_\_\_\_\_

Name of business owner (if applicable): \_\_\_\_\_

Name of business DBA: \_\_\_\_\_

Business Federal ID#: \_\_\_\_\_

If this concerns the erection of a sign, what are the dimensions of the new sign? \_\_\_\_\_

What type of sign? \_\_\_\_\_ Is this a temporary sign? \_\_\_\_\_

If temporary, please provide the dates you would like to post this sign. \_\_\_\_\_

Property owner and/or business information (if different from applicant):

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

For Office Use Only

Date Application Is received: \_\_\_\_\_ Received by: \_\_\_\_\_

The following additional information is being requested from applicant: \_\_\_\_\_

Date additional information is received: \_\_\_\_\_