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

Wellington Township Zoning Certificate

Zoning Inspector: (440) 787-7180

PARCEL NUMBER:	CERTIFICATE NUMBER:				
The undersigned hereby applies for of which applicant swears to be true	_	use, to be issu	ued on the basis of the repres	sentations contained herein all	
Location of Property		Proposed ose			
Property Owner		Residential	Commercial		
Phone		New Construction Addition/Remodel Accessory Building Sign Fence Pool (A or U)			
Email			Other		
Square Feet of Project:	Building Height:		Cost of Project:		
Lot Area:	Lot Width:		Front Yard Depth:		
Rear Yard Depth:	Side Yard (1) Width:		Side Yard (2) Width:		
	For Townsl	hip Use Only			
Date Certificate Given:		<u> </u>	Driveway Permit Issued? Access Mgt. Permit Issued?	Y N n/a	
Were the Following Items Given?	 Certificate Instruction Brochure 	Y N Y N	Access Mgt. Permit Issued?	Y N n/a	
Date Certificate Returned:			Date information verified:		
Were the Following Returned?	 Completed Certificate (3) Copies of Proposed Building Septic Permit 	— Y N n/a Y N n/a	Does all information comply Township Zoning Resolution?	with the current Wellington Y N	
		Y N n/a	Cost of Certificate:		
Certificate Granted: Yes No	Zoning Inspector Signature:			Date	
	Applicant Signature:				