

**CERTIFICATE of ZONING COMPLIANCE**  
**CITY of BOWLING GREEN, OHIO**

**(PLEASE PRINT or TYPE INFORMATION)**

<b>Owner:</b> Name _____	<b>Location:</b> Address _____
Address _____	Zoning District _____
Business Name _____	Business Owner _____
Contractor _____	
Contractor's Address _____	

**Commercial, Institutional, Industrial:**

Work being performed \_\_\_\_\_

Approximate Value: \_\_\_\_\_

Present Use:      Office \_\_\_\_\_      Commercial \_\_\_\_\_      Industrial \_\_\_\_\_

Proposed Use      Office \_\_\_\_\_      Commercial \_\_\_\_\_      Industrial \_\_\_\_\_

Does this require a new sign face: \_\_\_\_\_ Yes      \_\_\_\_\_ No

(\*Note: Size of sign face cannot be altered without a new Zoning Certificate being issued.)

**I HEREBY DECLARE AND AFFIRM THAT ALL OF THE INFORMATION ABOVE AND ATTACHED IS TRUE AND CORRECT. ALL USE OF THE PROPERTY WILL BE AS CERTIFIED AND ATTESTED TO HEREIN.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DEPARTMENTAL REVIEW**

DATE OF APPLICATION \_\_\_\_\_ FEE \$5.00 PERMIT NUMBER \_\_\_\_\_

Cash . Check # \_\_\_\_\_

REMARKS: \_\_\_\_\_

CONDITIONS OF ISSUANCE: \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE DENIED \_\_\_\_\_ TITLE \_\_\_\_\_

**BEFORE YOU DIG, CALL 1-800-362-2764 AND HAVE ALL UNDERGROUND UTILITIES SPOTTED**

**CITY OF BOWLING GREEN • 304 NORTH CHURCH STREET • OHIO 43402**  
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