

CERTIFICATE of ZONING COMPLIANCE
CITY of BOWLING GREEN, OHIO

(PLEASE PRINT or TYPE INFORMATION)

Owner: Name _____ Address _____ Business Name _____ Business Description _____ Contractor _____ Contractor's Address _____ Work being performed _____ Approximate Value _____	Location: Address _____ Zoning District _____ Business Owner _____
--	--

Present Use: Commercial _____ Institutional _____ Industrial _____

Proposed Use Commercial _____ Institutional _____ 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

CITY OF BOWLING GREEN • 304 NORTH CHURCH STREET • OHIO 43402
PHONE: (419) 354-6218 • FAX: (419) 352-0443
EMAIL: bgplans@bgohio.org • WEBSITE: www.bgohio.org