

Application No. _____

**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
CITY OF PATASKALA**

The applicant shall submit a copy of this form, along with supplementary information, to the Zoning Inspector for the City of Pataskala. For further information related to the application process, please refer to Chapter 1209, Enforcement and Penalty, of the City of Pataskala Codified Ordinance. Application shall include a fee as specified by the City Ordinance.

1. Name of Applicant _____
Address _____ Zip Code _____
Telephone: (Home) _____ (Business) _____ (Fax) _____
2. Name of Property Owner _____
Address _____ Zip Code _____
Telephone: (Home) _____ (Business) _____ (Fax) _____
3. Location/Address of Property _____
4. Attach Legal Description of the Property.
5. What is the Existing Zoning District? _____
6. What is the Proposed Use of the Property? _____

7. Indicate whether this is a new or existing structure _____
8. Attach approval of Licking County Health Department, if not served by public water and/or sewer.
9. NOTE: All new businesses must request an inspection from the West Licking Joint Fire District- 740-927-8600.

I certify that any exterior erection and/or structural alteration of the building has been completed in conformance with the provisions of this Zoning Ordinance.

APPLICANT DATE

Action by Zoning Inspector (to be completed by the Zoning Inspector).

APPROVED _____ DISAPPROVED _____
CONDITIONS _____

DATE OF DECISION _____ PERMIT EXPIRES _____

ZONING INSPECTOR _____

Distribution: Applicant - White Zoning Inspector - Canary City of Pataskala - Pink