



**CERTIFICATE OF ZONING COMPLIANCE**

Harrison Township Development Department  
5945 N. Dixie Drive, Dayton, OH 45414  
937-890-5611 (p) \* 937-454-4831 (f)  
[www.harrisontownship.org](http://www.harrisontownship.org)

Date \_\_\_\_\_ 20 \_\_\_\_ Certificate No. \_\_\_\_\_

1. Location of the property for which the Certificate of Zoning Compliance is being made: \_\_\_\_\_  
(street address)

2. Business Name: \_\_\_\_\_

3. Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_, Phone No. \_\_\_\_\_

4. Property Owner's Name \_\_\_\_\_, Phone No. \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

5. Corporations: list names of the following corporate officers:

President Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Vice President Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secretary Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Treasurer Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agent's for Certificate of Service, Name \_\_\_\_\_

Agent's address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Corporation's Federal Identification Number \_\_\_\_\_

6. Partnerships: List names of individuals in the partnership (if additional space is needed for complete list of partners, list on the reverse side of this form).

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

7. Sole Proprietorship:

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

8. Describe in detail how the property is to be used (if additional space is needed, use the reverse side or attach comments to this form). \_\_\_\_\_

I hereby swear that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information in this application is not correct or complete, the result may be the invalidation of this and all subsequent permits issued in conjunction with this Zoning Permit.

Date filled: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

*Signature of Applicant*

**\* TOWNSHIP USE ONLY\***

Parcel I. D. No. \_\_\_\_\_ Zoning District \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BZA Case No. \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Development Department Director

\_\_\_\_\_  
Date

**You must also contact Kevin Monroe with the Harrison Township  
Fire Prevention Bureau @ 274-4351 for a fire inspection.**