



FEE: 45.00

SPRINGBORO

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

320 W. Central Ave.
Springboro, Ohio 45066
(937) 748-9791 PH
(937) 748-6860 FX
build@cityofspringboro.com

BUSINESS NAME (DBA): _____

ADDRESS: _____

PROPOSED ACTIVITY OR USE:

NOTE: All new work, except minor maintenance and repair, requires a building permit(s). Please contact the Springboro Building Department for further information.

<u>PLEASE PRINT</u>	Name	Address	Phone Number & Email <small>*BOTH REQUIRED TO PROCESS APPLICATION*</small>
Property Owner			
Business Owner			

I hereby certify that all information on this application is true and correct to the best of my knowledge. I further certify that I have contacted the Springboro Tax Department regarding the business' tax obligation.

Applicant's Name: _____ Email: _____

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

ZONING APPROVAL: _____

DATE: _____