



**APPLICATION FOR:**  
**te of Zoning Compliance for Conditional Use: No \_\_\_\_\_**

An application for an amendment to the Village of Pleasant Hill, Ohio Zoning Code that would change the zoning classification for the property located at \_\_\_\_\_

(Street Address)

being lot number(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

(Parcel Identification Number)

(Existing Zoning Classification)

(Proposed Zoning Classification)

Owner: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The reasons for seeking a change in the zoning classification or zoning text \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Plot plan must accompany this application.**

**Notice:** The applicant hereby certifies under penalty of perjury that he/she has read the information contained in the foregoing application and that it is true. Applicant further understands that he/she must comply with all requirements of the Pleasant Hill Zoning, Setbacks, Subdivision Regulations, and Design Criteria and all the applicable statues and resolutions of the State of Ohio and Miami County.

I, \_\_\_\_\_ hereby state that I have read, understand, and have completed the Application with the most accurate information. By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow Village of Pleasant Hill employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the Village.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Zoning Certificates (Certificate of Approval) shall expire one year after their issuance unless has reached fifty percent completion.**



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**Village Officials signatures and comments on reverse side**

Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

The above application is hereby

Approved / Disapproved                      Conditional Use # \_\_\_\_\_ Variance Use # \_\_\_\_\_

(Minimum of two signatures)

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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