

Village of Pleasant Hill  
APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE FOR FENCES

No

Owner:  / Renter:  \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Print Name

Address of Construction: \_\_\_\_\_ Lot # \_\_\_\_\_

Name and Address of Constructor: \_\_\_\_\_  
\_\_\_\_\_

Location of Fence: Front:  Back:

Distance from Property Line: Front: \_\_\_\_\_ Ft. Left: \_\_\_\_\_ Ft. Right: \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft.

Front Yard Fence height: Front: \_\_\_\_\_ Ft. Left: \_\_\_\_\_ Ft. Right: \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft.

Back Yard Fence height: Front: \_\_\_\_\_ Ft. Left: \_\_\_\_\_ Ft. Right: \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft.

Fencing Material: \_\_\_\_\_

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

Adjacent Property Line Owners Signature, Address, and Date:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Property Owners Signature: \_\_\_\_\_

Sign and Date

**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, Design Criteria, and Ordinance #1037 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  
Print Name  
application with the most accurate information. \_\_\_\_\_

Sign and Date

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

**THIS PERMIT IS VOID IF CONSTRUCTION IS NOT UNDERWAY SIX MONTHS AFTER DATE OF ISSUE**

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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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