



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: _____

Adjacent Property Line Owners Signature, Address, and Date:

1. _____

2. _____

3. _____

Property Owners Signature: _____

Sign and Date

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 statutes 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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