

**CERTIFICATE of ZONING COMPLIANCE**

**CITY of BOWLING GREEN, OHIO**

**(PLEASE PRINT or TYPE INFORMATION)**

<b>Owner:</b>	<b>Location:</b>
Name _____	Address _____
Address _____	Zoning District _____
Business Name _____	Business Owner _____
Business Description _____	
Contractor _____	
Contractor's Address _____	
Work being performed _____	
Approximate Value _____	

<b>Present Use:</b>	Commercial _____	Institutional _____	Industrial _____
<b>Proposed Use</b>	Commercial _____	Institutional _____	Industrial _____

Does this require a new sign face: \_\_\_\_\_ Yes \_\_\_\_\_ No

(\*Note: Size of sign face cannot be altered without a new Zoning Certificate being issued.)

**I HEREBY DECLARE AND AFFIRM THAT ALL OF THE INFORMATION ABOVE AND ATTACHED IS TRUE AND CORRECT. ALL USE OF THE PROPERTY WILL BE AS CERTIFIED AND ATTESTED TO HEREIN.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
<b>DEPARTMENTAL REVIEW</b>		
DATE OF APPLICATION _____	FEE \$25.00	PERMIT NUMBER _____
	Cash _____	Check # _____
REMARKS: _____		
_____		
<b>CONDITIONS OF ISSUANCE:</b>		
_____		
_____		
DATE ISSUED _____	SIGNATURE _____	
DATE DENIED _____	TITLE _____	

**BEFORE YOU DIG, CALL 1-800-362-2764 AND HAVE ALL UNDERGROUND UTILITIES**

**CITY OF BOWLING GREEN • 304 NORTH CHURCH STREET • OHIO 43402  
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