

## 2025 ZONING CERTIFICATE APPLICATION

<b>Application Fee - \$65</b>	Application Number _____
<b>APPLICANT INFORMATION</b>	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Telephone: _____
E-mail: _____	
<b>PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)</b>	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Telephone: _____
E-mail: _____	
<b>PROPERTY INFORMATION</b>	
Business Name: _____	
Address: _____	
Business opening date: _____	
Description of Use:     	
Is this a <input type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Existing</b> Use? (mark one)	Total Square Footage of Use: _____
Number of Employees: _____	Number of available off-street Parking Spaces: _____
Is this a <input type="checkbox"/> <b>Wholesale</b> or <input type="checkbox"/> <b>Retail</b> Use? (mark one)	
Will there be Computerized Sweepstakes Devices associated with this business on premise: <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> (mark one) Please refer to Chapter 1133 of the City of Mason Zoning Ordinance for more information on Computerized Sweepstakes Devices.	
Will there be massage services provided on premise: <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> (mark one). If Yes, please indicate if the business is <b>State of Ohio</b> certified or <b>City of Mason</b> certified. Also, all employees providing massage services shall be certified/ licensed by the State of Ohio or City of Mason. Please provide copies of all certification and licensing at time of application.	
*By signing this application, I attest under penalty of law that all the information provided with this application is correct to the best of my knowledge.	
Print Applicant's Name: _____	
*Applicant's Signature: _____ Date _____	
Print Owner's Name: _____	
*Owner's Signature: _____ Date _____	
Application must be filled out completely and signed in order to be processed by the City of Mason	

**ZONING REPORT TO BE COMPLETED BY THE CITY OF MASON**

Current Property Zoning:	Is the Property in a PUD:
Previous Use and Name of Business:	
Proposed Use:	Is the Use Permitted in Zone:
Number of Off-Street Parking Spaces Available:	
Is the Building Structurally Sound:	
Has the application been routed to applicable City departments: (Circle <b><u>N/A</u></b> if not Applicable)	

**Zoning Report:**

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The building / dwelling has been inspected and substantially complies with the applicable state and municipal laws. It may be used for the purpose(s) approved by the Department set forth above, provided that any alterations to said premises will require a building permit to be secured and any change of ownership to be reported to the City of Mason immediately.

Zoning Inspector Signature:	Date:
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City Engineer Signature:	Date:
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