



City of Trotwood, Ohio  
3035 Olive Road, Trotwood, Ohio 45426-2600

Department of Planning & Development  
Phone: (937) 854-7227

# ZONING VERIFICATION APPLICATION

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

FEE: \$50

PROPERTY ADDRESS: \_\_\_\_\_

Parcel ID#: H33 \_\_\_\_\_ - \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Applicant: \_\_\_\_\_ Check if not property owner

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that all information and attachments to this application are true and correct to the best of my knowledge. I agree to receive the zoning verification letter by email.

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

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## OFFICIAL USE ONLY

ZONING DISTRICT: \_\_\_\_\_

Parcel ID#: H33 \_\_\_\_\_ - \_\_\_\_\_ Application # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Planning & Zoning Administrator                      Date

Payment Method: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_