

**REQUEST FOR ZONING CERTIFICATE (PERMIT)  
AGRICULTURAL USE BUILDING  
PREBLE COUNTY, OHIO**

Buildings constructed/remodeled/used for agricultural purposes on property zoned agricultural are not required to obtain building permits if a Zoning Certificate is issued that the building qualifies as an agricultural use per the Preble County Zoning Resolution. To assist in determining if the building qualifies as an agricultural use, please provide the information below. **(Please provide a site plan).**

**Location Description:**

**Address** \_\_\_\_\_

**Township** \_\_\_\_\_ **Section** \_\_\_\_\_ **Range** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** Cell: \_\_\_\_\_ **Email:** \_\_\_\_\_

**Existing Use:** \_\_\_\_\_

**Proposed Use** (Please provide a detailed description of what the building will be used for and how that use qualifies as an agricultural use. You may be contacted for additional information if necessary. Please attach another sheet if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you plan to install plumbing or electrical service to the building now or anytime in the future (Yes or No)? If yes, you will need to contact the Health Dept. (plumbing) and the Land Use Management Office (electrical) to obtain any necessary permits.**

The issuance of a Zoning Certificate for an Agricultural Use building does not supersede, alter or otherwise affect any other type of restriction to this property as may be found on the applicable plat, deed, or elsewhere. It is the responsibility of the applicant to ensure that the proposed use meets all other public and private requirements, which may be imposed or otherwise affect the land, structure(s) or use referenced herein. The applicant hereby certifies that all information and attachments to this application are true and correct. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact in the application, either with or without intention on the part of the applicant, shall constitute sufficient grounds for revocation of the permit at any time.

**Applicant/ Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print Name)

**Applicant/ Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

<b>FOR OFFICE USE ONLY</b>	
Zoning Certificate No. _____	
On the basis of the information provided by the applicant, the Zoning Certificate is hereby APPROVED / DENIED	
Application Date: _____	Issue Date: _____
Land Use Management Director: _____	Copies to: Engr _____ Health _____ Auditor _____