

**APPLICATION FOR ZONING CERTIFICATE
VILLAGE OF JEFFERSON, ASHTABULA COUNTY, OHIO**

Application is hereby made for a Zoning Permit: the statements made herein are made a part thereof. It is understood and agreed by the applicant, that any error, misstatement, or misrepresentation of fact, either with, or without intention on the part of the applicant, shall constitute sufficient ground for revocation of this permit at any time. All provisions of the Ashtabula County Health Dept, Ashtabula County Building Dept, The Village of Jefferson Fire Dept, and the Village of Jefferson Planning and Zoning Ordinances shall be complied with whether stated herein or not. This application when approved constitutes and becomes the Zoning Permit. Permit shall expire one (1) year after date of issuance and shall not be transferable to any new owner and/or applicant.

Location / Address _____ Zoning District _____

Parcel ID _____ (required)

Owner _____ Address _____ Telephone _____

Occupant _____ Telephone _____

Contractor _____ Mailing Address _____

Phone: Home _____ Business _____

Estimated Cost _____ Type of Construction _____
(Residential, Commercial, Light Industrial, Industrial, Other, Sign, Fence, Pool, Addition)

Remarks _____

Main Road Frontage _____ Building Dimensions Length _____ Width _____
 Front Setback _____ Highest point of bldg. _____ above finish grade
 Rear Setback _____ Sign Dimensions _____ x _____
 Side Yard Setback Left _____ Right _____ Side Road Frontage _____
 Residential Building: usable floor space, exclusive of porches, garages, breezeways, terraces, and attics.
 First Floor _____ Second Floor _____ Basement _____

In addition, site plans must accompany the application showing dimensions and shape of the lot, the size and locations of existing buildings, the location and dimensions of proposed buildings or alterations, and any natural or topographic aspects of the lot in question.

Important Notice: Any changes whatsoever concerning the information as shown in this application must have written approval of the Zoning Inspector. Failure in this respect shall constitute sufficient ground for revocation of this permit.

Date Received _____ Signature of Applicant _____

Other	
Zoning Permit	
Sign Permit	
Right of Way	
Bond Deposits	
Sewer tap in fee	
Zoning Appeals	

Zoning Inspector _____

Permit # _____ Receipt # _____

Total Due \$ _____