## 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	(requ	nired)		
Owner	Address	Te	lephone	
Occupant	Te	elephone		
Contractor	Mailing Address			
Phone: Home	Business			
(Residential, Commercial, Remarks	Light Industrial, Industrial	truction  I, Other, Sign, Fence, Pool, A	Addition)	
Rear Setback Side Yard Setback Left Residential Building: usable	Highes Sign I Right Side F e floor space, exclusive of	st point of bldg	above finish grade  ys, terraces, and attics.	
In addition, site plans must	accompany the application	n showing dimensions and s nsions of proposed buildings	hape of the lot, the size and	
Important Notice: Any changes we the Zoning Inspector. Failure in				
Date Received	Signature of App	plicant		
Other	Zoning Inspecto	Zoning Inspector		
Zoning Permit Sign Permit	Permit #	Receipt # _		
Right of Way Bond Deposits				
Sewer tap in fee	Total Due \$			
Zoning Appeals		<del></del>		