

Application for Zoning Permit for Commercial Occupancy      Date \_\_\_\_\_

**VILLAGE OF LAGRANGE  
355 SOUTH CENTER STREET  
LAGRANGE, OHIO 44050**

**Zoning Clerk: Linda M. Lowery  
(440) 355-5555    Fax (440) 355-5250**

To the Village of LaGrange,

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which the applicant certifies as true and correct:

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

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Location Address \_\_\_\_\_ Zoning District \_\_\_\_\_

Permanent Parcel # \_\_\_\_\_

Please attach a description of the business.

In addition to the information provided heron, the applicant for this zoning certificate shall provide all necessary drawings, notes, specifications, approvals, and other necessary information as required by the Village of LaGrange Zoning Code, and Subdivision Rules and Regulations.

Application fee of \$25.00 is due to the Village of LaGrange at the time of the application.

If you intend to erect a sign, you must submit a sign permit application.

It is agreed that the business will meet all requirements of the appropriate and applicable sections of the Village of LaGrange Zoning Ordinance, as amended. If not, describe:

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

This permit shall become void if occupancy does not commence within one year from date of occupancy permit.

\_\_\_\_\_  
Applicant

Date received \_\_\_\_\_  
Zoning Clerk \_\_\_\_\_

Fee paid: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit issued on \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
If application is rejected, reason for rejection: \_\_\_\_\_

\_\_\_\_\_