



Founded 1875

Village of LaGrange

355 South Center Street
LaGrange, Ohio 44050
(440) 355-5555; Fax 440-355-5250
lagov4@windstream.net
Zoning/Building Department

APPLICATION FOR ZONING PERMIT FOR HOME OCCUPATION

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:

Address or Location of Property: _____

Permanent Parcel Number: _____ Current Zoning District: _____

Name of Property Owner: _____

Owners Mailing Address: _____

Day Time Phone Number: _____ Fax Number: _____

Occupant: _____

Agent for Owner: _____ Phone No.: _____ Fax No.: _____

_____ Home Occupation

_____ Other Explain Use: _____

Attach a sketch of existing lot showing all lot dimensions, including all existing structures. Show physical features of property (streets, creeks, etc.). Also show direction of North.

Existing Structure (Home) Use: _____

**Attach any recommendations from Planning Commission or Board of Zoning Appeals

Number of Parking Spaces - _____ Off Street? ____ Yes ____ NO