



# Village of LaGrange

301 Liberty Street  
LaGrange, OH 44050  
440-355-5555  
FAX: 440-355-5250  
lagov4@windstream.net

## Application for Zoning Permit for Residential Occupancy

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:

Single Family Residence Occupancy Permit

Multifamily Residence Occupancy Permit

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

Map of underground utilities has been submitted:  No  Yes

In addition to the information provided heron, the applicant for this zoning certificate shall provide all necessary drawings, notes, specifications, 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date