



APPLICATION FOR ZONING CERTIFICATE

Ashtabula County Airport Zoning Board

Application No. \_\_\_\_\_ Township \_\_\_\_\_, Ashtabula County

To the Airport Zoning Board:

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 applicant swears to be true.

1. Location of Property: \_\_\_\_\_ Parcel #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

2. Name of Land Owner: \_\_\_\_\_

3. Occupant: \_\_\_\_\_

4. Proposed Use:

New Construction

Business

Addition to Dwelling

Industrial/Manufacturing

Sign Board-Size \_\_\_\_\_

Residential

Accessory Structure

Other

5. Sketch of lots, showing existing buildings and property construction or use for which this application is made. (Fill in all dimensions and indicate which direction is North. Submit sketch on separate sheet.)

a. Highest point of building above established grade: \_\_\_\_\_ feet

b. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

6. Buildings: Use: \_\_\_\_\_

7. Remarks: \_\_\_\_\_

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

8. Applicant's Name: \_\_\_\_\_

9. Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

10. Telephone: \_\_\_\_\_

11. Email: \_\_\_\_\_

CERTIFICATION: I certify that I am the owner or owner's authorized agent. All information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be emailed or sent to my attention at the address listed above.

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

Date filed with Zoning Administrator: \_\_\_\_/\_\_\_\_/\_\_\_\_

Zoning District: \_\_\_\_\_

Fee paid: \_\_\_\_\_

Date approved: \_\_\_\_/\_\_\_\_/\_\_\_\_