



<b>FOR OFFICE USE ONLY</b> Case #: _____ Date Received: _____ Received by: _____ Application Fee: \$ _____ Review Type: <input type="checkbox"/> Admin <input type="checkbox"/> CPB <input type="checkbox"/> BZA
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**GENERAL APPLICATION**

**A. PROJECT**

1. Application Type & Project Description (*attach additional information, if necessary*):

\_\_\_\_\_

\_\_\_\_\_

2. Address of Subject Property: \_\_\_\_\_

3. Parcel ID Number(s): \_\_\_\_\_

4. Full legal description attached?  yes  no

5. Size of subject property: \_\_\_\_\_

6. Current Use of Property: \_\_\_\_\_

7. Current Zoning of Property: \_\_\_\_\_

**B. APPLICANT**

1. Applicant's Status (*attach proof of ownership or agent authorization*)  Owner

Agent (*agent authorization required*)  Tenant (*agent authorization required*)

2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_

Title: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Email \_\_\_\_\_

3. If the applicant is agent for the property owner:

Name of Owner (title holder): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**I/WE CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.**

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

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

State of Ohio

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ (name of person acknowledged).

(seal)

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_