

VILLAGE OF LAGRANGE
355 SOUTH CENTER STREET
LAGRANGE, OHIO 44050

Zoning Clerk: Ron Harmon
(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 # _____

This occupancy permit is for a single family residence. _____

This occupancy permit is for a multifamily residence. _____

The map for underground utilities has been submitted. _____

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 per unit is due to the Village of LaGrange at the time of the application.

It is agreed that the residence 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: _____
