## CITY OF VERMILION BUILDING DEPARTMENT 5511 LIBERTY AVENUE VERMILION, OHIO 44089 440-204-2410

## ZONING CERTIFICATE APPLICATION/BUSINESS REGISTRATION

Applicant Name:				
Applicant Address:	Stroot	City	Zip	
Applicant Phone:	E-	-mail:	-	
Business Name:				
Business Address:				
Type of Business Proposed:_				
List All Hazardous Chemical	s and/or Processes	Involved in the Business (	Operations:	
Proposed Changes To Buildi	ng:			
Key Holder Name & Numbe	r:			
Property Owner Name:				
Property Owner Address: (If different than above)	Street	City	Zip	
Property Owner Phone #:				
A Zoning Certificate ensures Regulations for the District v from a Building Permit and of Permits for such improvement	where said business loes not excuse app	will be located. A Zoning licant from obtaining all r	Certificate is separate equired State Building	
Signature of Applicant		Date		
AMOUNT DUE: \$25.00 Pi	rocessing Fee			
********		**************************************	*******	
Zoning of Property:	OFFICE	Group Use of	Rucinace	