

**APPLICATION FOR ZONING CERTIFICATION**

**Zoning Division**

**166 South High Street, 4<sup>th</sup> Floor, Room #400**

**Akron, OH 44308**

**Phone: 330-375-2350**

**Date** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**Current Use of Property** \_\_\_\_\_

**Proposed Use of Property** \_\_\_\_\_

**Additional Comments Regarding Property (i.e. history of ownership and use, etc.):**

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Cell/Alternate Number** \_\_\_\_\_

**Fee Enclosed:** \$12.00 check made payable to the "City of Akron"

OFFICE USE ONLY

Date Received \_\_\_\_\_

Receipt # \_\_\_\_\_