

**CITY OF VERMILION BUILDING DEPARTMENT
5511 LIBERTY AVENUE
VERMILION, OHIO 44089
440-204-2410 440-204-2411 FAX**

ZONING CERTIFICATE APPLICATION/BUSINESS REGISTRATION

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Street _____ City _____ Zip _____
Permanent Parcel #: _____

Business Name & Address: _____

Type of Business Proposed: _____

List All Hazardous Chemicals and/or Processes Involved in the Business Operations:

Anticipated Number of Employees: _____

Proposed Changes To Building: _____

Property Owner Name: _____

Property Owner Address: _____
(If different than above) Street City Zip

Property Owner Phone #: _____

A Zoning Certificate ensures the applicant has complied with the City Zoning and Safety Regulations for the District where said business will be located. A Zoning Certificate is separate from a Building Permit and does not excuse applicant from obtaining all required State Building Permits for such improvements.

Signature of Applicant _____ Date _____

AMOUNT DUE: \$25.00 Processing Fee

OFFICE USE ONLY

Zoning of Property: _____

Group Use of Business: _____