

APPLICATION FOR ZONING CERTIFICATION

Zoning Division

166 South High Street, 4th Floor, Room #405

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 _____ **E-Mail** _____

Cell/Alternate Number _____ **Fax Number** _____

Fee Enclosed: \$50.00 check made payable to the "City of Akron"

OFFICE USE ONLY

Date Received _____ Initial _____ Receipt # _____