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: $12.00 check made payable to the “City of Akron”

OFFICE USE ONLY
Date Received ____________________________ Initial __________ Receipt # ____________________________

Form Revised 11/25/2013