Occupancy Application

WEATHERSFIELD TOWNSHIP ZONING

"Come Home to Weathersfield"
1451 Prospect Street
Mineral Ridge, Ohio 44440
Phone: (330) 652-6326 Fax: (330) 544-7491
www.weathersfieldtwp.org

Township Use Only:
Parcel ID #
Zoning District
Certificate #
Date Rec'd
Fee Paid

Date	
Property Address	
	Phone Number
Applicant	Name of Business
Contact information for Applicant, if different	ent than Property Owner:
Mailing Address	
Email Address	Phone Number
Current use of property:	
Description of Proposed Use:	
Description of any changes to the existing str	ucture:
 only as permitted by this Certificate. 2) Certify that all the information and stat knowledge, true and correct. 3) Agree to grant Weathersfield Townshi 4) Understand and agree that any error, 	ements given on this application are to the best of their
Applicant Date	Property Owner (if different) Date
Approval by Fire Inspector (Date): Certificate applied for above (will) (will not) co	mply with the Weathersfield Township Zoning Resolution.

_____ Date

Zoning Inspector