

Existing Use Application

RAVENNA TOWNSHIP ZONING

6115 S. Spring Street
Ravenna, Ohio 44266
Phone: (330) 296-9616 Fax: (330) 297-9158
www.ravennatownship.com

Township Use Only:

Parcel # _____

Date Received: _____

Zoning District _____

Certificate # _____

Fee Paid _____

Date _____

Property Address _____

Property Owner _____

Mailing Address _____

Email Address _____ Phone Number _____

Applicant _____ Name of Business _____

Contact information for Applicant, if different than Property Owner:

Mailing Address _____

Email Address _____ Phone Number _____

Current use of property: _____

Description of Proposed Use: _____

Description of any changes to the existing structure: _____

The owner of this property and the applicant do hereby:

- 1) Agree to comply with the Zoning Regulations of Ravenna Township and to occupy the structure only as permitted by this Certificate.
- 2) Certify that all the information and statements given on this application are to the best of their knowledge, true and correct.
- 3) Agree to grant Ravenna Township access to the property for review.
- 4) Understand and agree that any error, omission, misstatement, misrepresentation of material fact, with or without intent, or any change in use without required approval, shall constitute sufficient grounds for the revocation of such Certificate.

Applicant

Date

Property Owner (if different)

Date

Approval by Fire Inspector (Date): _____

Certificate applied for above (will) (will not) comply with the Ravenna Township Zoning Resolution.

Zoning Inspector

Date