



OFFICE USE ONLY
Permit No.:
Penalty Fee: [] Yes
Payment Method: [] CASH [] CREDIT [] CHECK No. _____

ZONING COMPLIANCE APPLICATION

(Please Fill Out Entirely in Type or Legible Print)

Applicant Information		
Name:		Contact Person:
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Business Owner Information <i>(If the owner is the applicant, please leave blank)</i>		
Owner Name:		Contact Person:
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Business Information		
Business Name:		
Street Address:		
Phone Number:	Business Email:	Zoning District:
Expected Opening Date:	Was a Variance obtained? [] No [] Yes, Case #:	
Description of Services/Products:		
Hours of Operation:		
Fee: \$25.00		

Applicant Signature

The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance.

➔ **Signature of Applicant:** _____ **Date:** _____

Incomplete applications will not be processed.

Forms of Payment Accepted:

- Exact Cash
- Check (Make payable to 'Boardman Township')
- Credit Cards (A convenience fee will apply)

Mail completed applications to:

Boardman Township Zoning Department
Attn: Permits
8299 Market Street
Boardman, Ohio 44512

Email completed applications to:

Joe Macomber
JMacomber@boardmantwp.com