



APPLICATION FOR NEW ADDRESS ASSIGNMENT

Department of Planning & Community Development
City of Ashtabula

Name: _____

Location: _____

I, _____, verify that the property located
(Name of Owner)

On _____, will be used for the following purpose(s):
(Street Name)

and will be in accordance to the requirements issued and approved by the City of Ashtabula, Department of Planning & Community Development. I am requesting the assignment of a new address to move forward with my project. *(Please note that all new businesses **MUST** obtain a Zoning Permit to operate prior to commencing operations and all other permits that may be required by the City of Ashtabula and the Ashtabula County Building Department.)*

Signature of Owner

Date

For Office Use Only

Address Number Assigned: _____

Zoning Permit #: _____

Director of Planning and Community Development

Date