



## 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