



## CITY OF ASHTABULA, OHIO NEW BUSINESS QUESTIONNAIRE

**BUSINESS LOCATION:** \_\_\_\_\_ **Parcel ID** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_ **Telephone**(\_\_\_\_\_)\_\_\_\_\_

**Business Owner Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Telephone** (\_\_\_\_\_)\_\_\_\_\_

**Property Owner Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Is this property located in a Design Review or Historical Review District?** Yes  No

**Change of Use of the Property?** (If yes, this may require a conditional or special use permit) Yes  No

Description of New Use: \_\_\_\_\_

Will there be a sign posted at the location? (If so, Sign permit will be required) Yes  No

Have you registered your business with the City Income Tax Department? Yes  No

Will there be any structural changes made? (If so, Zoning Permit may be required.) Yes  No

Will there be any changes to the electrical or plumbing? (If so, Zoning Permit will be required) Yes  No

Will this business involve any of the following? (If so, City Health Department approval required) Yes  No

food service/mobile, public swimming pools, campgrounds, marina, tobacco vendors, and tattoo/piercing services.

\_\_\_\_\_  
**Signature of Applicant, Title**

\_\_\_\_\_  
**DATE**

### **For Office Use Only**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Appeal Hearing Requested Yes No

Decision of Board: \_\_\_\_\_