

**City of Conneaut**  
**Business Permit Application**  
294 Main Street  
Conneaut, Ohio 44030  
Telephone: 440-593-7406 Fax: 440-593-6908  
E-mail: [conneauthz@conneautoh.org](mailto:conneauthz@conneautoh.org)

Date of Application: \_\_\_\_\_ Zoning District \_\_\_\_\_ Permit # \_\_\_\_\_

**Job Location**

Property Owner	Applicant Name (if different than owner)
Street Address & Job Location (street number & name)	Phone Number

**Business Information**

Name of Business or Company Name	Email Address	
Type of Business		
Phone Number with area code	Fax Number	Cell Phone No.

If you have questions, please call the Zoning Administrator at 440-593-7406

**The following is required for a Business Permit**

- ❖ Business License Permit fee is \$40.00
- ❖ Business signs regulations - Section 1133.05 of the Zoning Code

\_\_\_\_\_  
Property Owner Signature Date

\_\_\_\_\_  
Applicant Signature (if different than owner) Date

**Department Use Only**

Date and Time of ZBA Hearing if required: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Date