

**City of Conneaut**  
**Home Occupation Permit Application**

294 Main Street  
Conneaut, Ohio 44030  
Telephone: 440-593-7406 Fax: 440-593-6908  
E-mail: conneauthz@conneautoh.org

Date of Application: \_\_\_\_\_ Zoning District \_\_\_\_\_ Permit # \_\_\_\_\_  
Parcel#(s) \_\_\_\_\_

**Job Location**

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

**Home Occupation Information**

Name of Owner or Company	Email Address	
Address (street number & name)	City	State & Zip Code
Phone Number with area code	Fax Number	Cell Phone No.

**Requirements**

- ❖ Please refer to Section 1133.02 of the Conneaut Zoning Code for further information.
- ❖ Home Occupations are conditionally permitted uses and therefore require a hearing by the Zoning Board of Appeals.
- ❖ The Zoning Board of Appeals meets on the 2<sup>nd</sup> Thursday of each month in City Council Chambers.
- ❖ There is a \$40 non-refundable fee for the ZBA hearing
- ❖ Home Occupation Permit fee is \$40.
- ❖ Home Occupation signs shall not exceed four (4) square feet in in area and require a separate permit.
- ❖ Applicants must provide names and addresses of all persons having interest in the land that are located within two hundred (200) feet of the property in question.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Office Use Only**

\$40.00 ZBA Fee Paid \_\_\_\_\_ List of Owners within 200' provided \_\_\_\_\_

Date & Time of ZBA Hearing \_\_\_\_\_

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

\_\_\_\_\_  
Date

