



NEW BUSINESS ZONING APPLICATION (1162.02 d)

BUSINESS OWNER(S) NAME		
BUSINESS NAME		
BUSINESS ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	

NAME OF PROPERTY OWNER		
PROPERTY OWNER ADDRESS		
CITY	STATE	ZIP
PHONE		

PROPOSED BUSINESS DESCRIPTION

OWNER/AGENT SIGNATURE	DATE
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VILLAGE OF LISBON USE ONLY – DO NOT WRITE IN THIS BOX		
FEE	RECEIPT #	PERMIT #
ZONING OFFICER APPROVAL:		DATE:

Village of Lisbon Zoning Office
 203 N. Market St.
 Lisbon, Ohio 44432
 (330) 424-5503 Ext. 1860