



City of Circleville

Department of Public Service
City Administration Building
104 East Franklin Street
Circleville, OH 43113
740-477-8224
www.circlevilleoh.gov

Permit #: _____

Date: _____

Application for Change of Use Zoning Permit

Applicant Name: _____ Phone #: _____

Applicant E-mail: _____

Property Address: _____ Parcel #: _____

Property Owner: _____ Phone #: _____

Lot Type: Corner Lot Interior Lot Zoning District: _____

Current/Previous Use: _____

Proposed Use: _____

Applicant Signature: _____ Date: _____

----- Do not fill below line -----

Approved Denied By: _____ Date: _____

Comments: