



Jack Bradley
Mayor

CITY OF LORAIN

PLANNING COMMISSION

ZONING RECLASSIFICATION OF PROPERTY REQUIREMENTS

1. Complete application
2. A cover letter, (description of what is being requested)
3. A legal description of the property on 8 ½" x 11" stationary, marked Exhibit "A"
4. One (1) copy of names and addresses of all abutting property owners on the rear, sides, and across the street or alley, on 8 ½" x 11" stationary
5. One (1) copy of a plot plan of property showing building size, setbacks, streets, parking area, etc.
6. Five hundred dollar (\$500.00) Building Department non-refundable fee
 - Checks and money orders made payable to: City of Lorain
7. Thirty dollar (\$30.00) Engineering Department non-refundable fee
 - Checks and money orders made payable to: City of Lorain

All complete applications, required documentation and fees must be submitted at least fourteen (14) business days prior to the next regularly scheduled meeting.

All meetings are held in Lorain City Council Chambers on the 1st Wednesday of the month at 9:00am. The applicant or their agent must be present.

Please submit all completed applications, required documents, and fees to:

Evelisse Atkinson, Planning & Zoning Administrator

City of Lorain, Building, Housing, & Planning

200 West Erie Ave., 5th Floor, Lorain, Ohio 44052

P: 440-204-2306 Email: Evelisse_Atkinson@cityoflorain.org



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PLANNING COMMISSION

Z.C.A. _____

ZONING RECLASSIFICATION OF PROPERTY APPLICATION

Application is hereby made to the Lorain City Council, to reclassify the below described property now in a _____ district to a _____ district.

Owner of property _____

Address of owner _____

City: _____ State _____ Zip _____

Phone (business) _____ (residential) _____

Address of property to be rezoned _____

Permanent Parcel Number _____

The reason(s) for requesting the zoning reclassification is as follows:

Two separate non-refundable payments made payable to the City of Lorain:

Five hundred (\$500.00) Building department fee

Thirty dollar (30.00) Engineering department fee

Signature of Applicant

Date