



APPLICATION for ZONING CERTIFICATE

For Rental Housing
CITY OF ATHENS OHIO
ATHENS CITY CODE TITLE 29 & 23
codeoffice@ci.athens.oh.us
740-592-3306

(For Office Use Only)
Permit# _____
Date Rec'd _____

New Rental

New Owner

Demographic Update Only

Short Term Rental

Property Address (include all unit #'s for multiple units/buildings):

Owner Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____ E-mail Address (if applicable): _____

Would you prefer to receive notifications by regular U.S. mail or E-mail? U.S. Mail E-mail

Property Manager: _____ Telephone# _____

Property Manager Address: _____

Emergency Contact & Telephone # _____
(must be a resident of Athens County and other than the owner):

Check One: Rental Unit
_____ Number of Units

Requested Maximum Occupancy Level Of Unrelated Persons Per Unit (list each unit separately):

Or One Family as per ACC 23.04.01(A)(1)

-OR-

Rooming House (6 or more tenants)
Owner-Occupied Rooming House
Short Term Rental
_____ Number of Bedrooms Rented

Number of Parking Spaces (to be confirmed by Inspector)

Scheduled Trash Pickup Day _____

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE INFORMATION PROVIDED IS TO THE BEST OF MY KNOWLEDGE TRUTHFUL AND ACCURATE, AND THAT THE PROPERTY COMPLIES WITH ATHENS CITY HOUSING CODE TITLE 29 AND ATHENS CITY ZONING CODE TITLE 23.

Signature of Owner _____

Date _____

OFFICE USE ONLY:

Recommend: Approval Refusal
Parking Verified by Code Officer

Zone: _____

Code Officer Comments: _____

CODE OFFICER SIGNATURE _____ DATE _____

Athens City Zoning Administrator
 Approved Refused
SIGNATURE _____
DATE _____

Copy to Auditors Office