



City Of Olmsted Falls Building Department

Fees: _____

%: _____

TOTAL = \$

This application must be filled out completely and submitted with the appropriate fee prior to scheduling Certificate of Occupancy inspection. Checks should be made payable to the City of Olmsted Fall. You will be contacted within (5) business days to schedule the required inspection. No firm, corporation, party or person shall occupy or use a building space without a Certificate of Occupancy and Zoning Compliance. Penalty of \$250.00 per each day of non-compliance.

APPLICATION FOR OCCUPANCY & ZONING COMPLIANCE

BUILDING ADDRESS: _____

PARCEL#: _____

BUSINESS NAME: _____

BUILDING OWNER: _____

BUSINESS OWNER: _____

CONTACT PERSON: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

TYPE OF BUSINESS OFFICE RETAIL FOOD SERVICE OTHER _____

ANTICIPATED OPENING DATE: _____ LOCATION & NUMBER OF ASSIGNED PARKING SPACES: _____

INSTALLING A BUSINESS SIGN? YES NO *(Separate approvals are required for new & replacement signage)*

FLOOR PLAN DRAWING REQUIRED SHOWING ALL OCCUPIED AREAS UNDER TENANT CONTROL *(Sheet for floor plan attached)*

PARAGRAPH STATING SCOPE OF BUSSINESS & HOURS OF OPERATIONS

POLICE DEPARTMENT BUSINESS CHECK

EMERGENCY CONTACT INFORMATION

ALTERNATE EMERGENCY CONTACT

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

DOES THIS PERSON HAVE A KEY? YES NO

DOES THIS PERSON HAVE A KEY? YES NO

ALARM COMPANY: _____

PHONE: _____

SIGNATURE: _____ DATE: _____

Building Department use only Zoning district _____ Proposed Zoning use _____ Permitted? Yes No
P&Z Docket # _____ P & Z Meeting Date _____ Copy to Economic Director _____

Zoning Compliance Certificate Granted Denied Certificate of Occupancy Granted Denied

