

**VILLAGE OF HEBRON
APPLICATION FOR OCCUPANCY CERTIFICATE
COMMERCIAL**

PRIOR TO THE ISSUANCE OF THE VILLAGE OF HEBRON OCCUPANCY CERTIFICATE YOU MUST PRESENT THE LICKING COUNTY BUILDING CODE INSPECTION REPORT.

PLEASE CONTACT THE LICKING COUNTY BUILDING CODE DEPARTMENT 740-349-6671 FOR ANY NECESSARY PERMITS AND/OR INSPECTIONS.

The undersigned hereby applies for a certificate of occupancy for the following use, to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

APPLICANT

Name of Applicant: _____

Mailing Address of Applicant: _____

Phone Numbers of Applicant: Home: _____ Business: _____

LANDOWNER (if different than applicant)

Name of Landowner: _____

Mailing Address of Landowner: _____

Phone Numbers of Landowner: Home: _____ Business: _____

PROPERTY

Address of Property: _____

BUSINESS INFORMATION

Name of Business: _____

Type of Business: _____

Business Mailing Address: _____

Business Telephone: _____ Fax: _____ Email: _____

Owner or General Manager: _____

Materials on site that require filing of MSDS: No Yes If yes, attach list.

Alarm Systems: Fire: _____ Alarm Company: _____

Security Company: _____

Facility required to have a sanitary pre-treatment analysis: No Yes

Emissions expected: No Yes If yes, attach summary.

Number of on-site parking: _____ Number of vehicles used in business: _____

Employees per shift: 1st Shift: _____ 2nd Shift: _____ 3rd Shift: _____

Annual Payroll: \$ _____ Tax Incentives: CRA Other: _____

List 3 after-hours contacts:

Name: _____ Telephone: _____

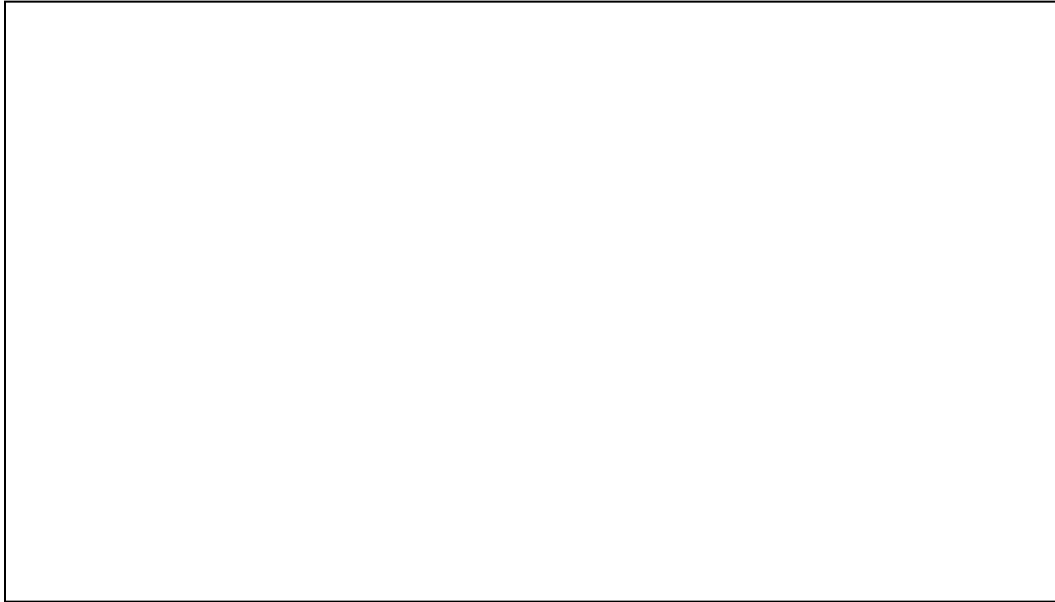
Name: _____ Telephone: _____

Name: _____ Telephone: _____

Date of Occupancy: _____ Begin Utility Service: _____

ADDITIONS AND MISCELLANEOUS: Sketch lot; show proposed construction, existing buildings and dimensions.

Building Dimensions: _____ x _____ = _____ sq ft



I certify the above to be correct and understand that misinformation on this application will cause the permit to be void.

Applicant: _____ Date: _____

Zoning District: _____ Ordinances Applicable to Use: _____

Approved Denied Reason for denial: _____

Community Dev. Coordinator: _____ Date: _____