

**VILLAGE OF HEBRON  
APPLICATION FOR OCCUPANCY CERTIFICATE  
INDUSTRIAL, COMMERCIAL and HOME OCCUPATIONS**

**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: 1<sup>st</sup> Shift: \_\_\_\_\_ 2<sup>nd</sup> Shift: \_\_\_\_\_ 3<sup>rd</sup> Shift: \_\_\_\_\_

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

List 3 after-hours contacts:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

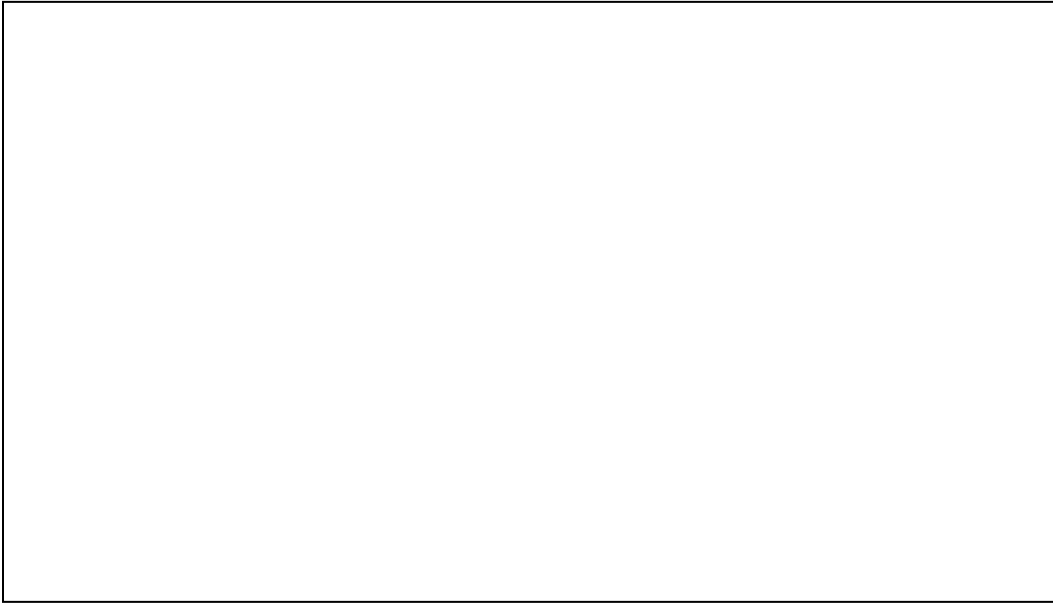
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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: \_\_\_\_\_