

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

**PRIOR TO THE ISSUANCE OF THE VILLAGE OF HEBRON OCCUPANCY CERTIFICATE:**

**YOU MUST SUBMIT A COPY OF THE LICKING COUNTY BUILDING CODE INSPECTION REPORT AND CERTIFICATE OF OCCUPANCY. THE LICKING COUNTY BUILDING CODE DEPARTMENT 740-349-6671 FOR ANY NECESSARY PERMITS AND/OR INSPECTIONS.**

**YOU ARE REQUIRED TO HAVE SAFETY INSPECTION BY REFUGEE CANYON FIRE DISTRICT CONTACT RYAN WYSE, FIRE PREVENTION OFFICER AT 740-928-4721.**

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: \_\_\_\_\_

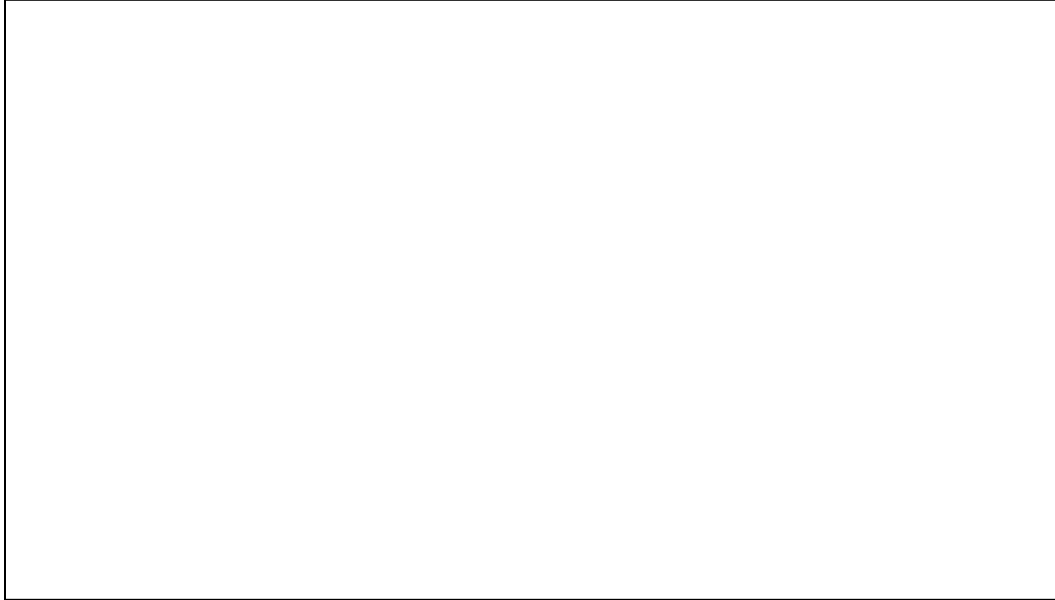
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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: \_\_\_\_\_