

BATAVIA TOWNSHIP ZONING DEPARTMENT

1535 Clough Pike, Batavia, Ohio 45103
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COMMERCIAL OCCUPANCY PERMIT

Applicant: _____ Business Name _____

Property Owner: _____ Parcel # _____ Zoning District _____

Property Address: _____

Applicant's Mailing Address: _____ Ph. # _____

List all proposed uses for this structure, tenant space or property: _____

This application involves: (check all that apply)

Change in occupancy ___

Interior remodeling of an existing commercial structure ___

Exterior remodeling of an existing commercial structure ___

Establishment of a new commercial use ___

Please describe proposed remodeling and/or scope of work involved.

If this structure, tenant space, or property was previously occupied, what was the previous use and when was it discontinued? Use _____

Date discontinued _____

Is this property situated within a "Special Planning Overlay District"? ___ If yes, attach a copy of the Board of Trustee's approval letter. Case No. _____ Date of approval _____

Is the proposed use principally or conditionally permitted in this district? P___ or C___

If "Conditionally Permitted" attach a copy of the Board of Zoning Appeal's approval letter.

Case No. _____ Date of approval _____

Is site plan review a requirement for this proposal? ___ If yes, attach a copy of Zoning

Administrator's approval letter. Case No. _____ Date of approval _____

I affirm that the above information is true and exact and that my intended use of this property and/or structure falls within the allowable uses of the zoning district in which this property is located or adhere to the approvals granted by the Board of Trustees or the Board of Zoning Appeals as described within the case files identified above. Further, I understand that any misrepresentation of fact by me or Batavia Twp. which may cause the issuance of this permit in error shall constitute sufficient grounds for the revocation of this permit and that issuance of this permit does not negate any regulation imposed by another authority.

Signature _____ Date _____

Approved ___ Denied ___ Signature of Zoning Official: _____ Date _____

Rev. 8/10

ZONING CERTIFICATE _____ - _____ Date _____ Fee \$ _____ Issued By: _____