



**THE CITY OF Mt HEALTHY  
ECONOMIC DEVELOPMENT  
BUILDING AND PLANNING**

7700 Perry Street · Mt.  
Healthy, Ohio 45231  
513.728.3182  
[www.mthealthy.org](http://www.mthealthy.org)

Application  
Number: \_\_\_\_\_ Date: \_\_\_\_\_

**ZONING AND USE APPROVAL APPLICATION FOR OCCUPANCY**

Project  
Address: \_\_\_\_\_

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Contact Information: PH \_\_\_\_\_ EMAIL \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address \_\_\_\_\_

Property Owner Contact Information: PH \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT ZONING DISTRICT: \_\_\_\_\_ REQUIRED ZONING: \_\_\_\_\_

INTENDED USE: \_\_\_\_\_

S.F. \_\_\_\_\_ Floors \_\_\_\_\_ Max No. of Employees on Site \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Number of Off Street Parking Spaces Provided \_\_\_\_\_ Access Drive Provided  YES  NO

Alteration or New Construction to be completed:  YES  NO (If yes, a Building Permit application must be filed including 4 sets of building plans, showing all changes to the space).

Hazardous materials or chemicals to be used or stored on site or within building:  YES  NO (If yes, all respective material safety data sheets must be attached to this application).

Any use that will cause odor, dust, or noise to be emitted to the atmosphere:  YES  NO

If yes, all respective material safety data sheets must be attached to this application.

**Please attach the following – drawings must be to scale:**

1. A written description of the intended use including any products and services for sale.
2. Site plan showing actual dimensions and shape of lot, exact size and locations of existing buildings on lot, parking and any other outdoor features
3. Photograph of front of building as it exists before any work and a rendering of any proposed changes, including signage.
4. Floor plan for the interior of new business space
5. Proof of ownership or copy of a lease that expresses permission from the property owner to occupy the space

The undersigned applicant applying for occupancy and use certifies that the site and existing use data herein submitted are in all respects true and accurate to the best of their knowledge and belief and hereby request inspection of the project area:

Applicant's Signature:

Name \_\_\_\_\_ Date \_\_\_\_\_

Application Fee \_\_\_\_\_  PAID  CASH  CHECK # \_\_\_\_\_

* OFFICE USE *			
Approved _____	Denial _____	Zoning Officer _____	Date _____
Certificate of occupancy issued with approval after inspection, Notification will be given for denial			