



**APPLICATION FOR:
Certificate of Zoning Compliance: No _____**

This application is for the Occupancy of any newly erected building, substantially reconstructed, enlarged, vacant space, use of any space by a prior business, discontinued space of more than thirty days or occupancy or use of existing vacant land.

Type of Project: Zoning Occupancy -Business Name Change Only -Home Occupation

Proposed Type of Use: _____

Example: Retail store, Bank, Professional Office, Restaurant, etc.

Name of Business: _____

Applicant/ Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

Are you a New Tenant? Yes No Total Sq. Ft. being occupied: _____

Total Sq. Ft. of Building: _____

Total number of Employees: _____ Hours of Operation: _____

Total number of Parking spaces: _____ Shared Parking provided? Yes No

Previous Tenant/ Use of the space: _____

Equipment/ Materials to be on site: _____

Note: Plot plan must accompany this application.

Notice: The applicant hereby certifies under penalty of perjury that he/she has read the information contained in the foregoing application and that it is true. Applicant further understands that he/she must comply with all requirements of the Pleasant Hill Zoning, Setbacks, Subdivision Regulations, and Design Criteria and all the applicable statutes and resolutions of the State of Ohio and Miami County.

I, _____ hereby state that I have read, understand, and have completed the Application with the most accurate information. By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow Village of Pleasant Hill employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the Village.

Signature: _____ Date: _____

All Zoning Certificates (Certificate of Approval) shall expire one year after their issuance unless has reached fifty percent completion.



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Village Officials signatures and comments on reverse side

Permit Issued By: _____ Date: _____

The above application is hereby

Approved / Disapproved Conditional Use # _____ Variance Use # _____

(Minimum of two signatures)

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

Reason for Disapproval: _____

Remarks: _____

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