

APPLICATION FOR USE & OCCUPANY

PARCEL # _____

FEE: \$25.00

Make check payable to City of Belpre, P.O. Box 160, 715 Park Drive, Belpre, OH 45714
Phone (740) 423-7592 FAX (740) 423-4967

APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETE INFORMATION AND FEES.
STRUCTURE SHALL NOT BE OCCUPIED UNTIL THE CERTIFICATE OF USE HAS BEEN ISSUED.

BUSINESS NAME: _____

APPLICANTS NAME: _____ PHONE: _____

ADDRESS OF OCCUPANCY REQUESTED: _____

PROPOSED USE: _____

PREVIOUS OR PRESENT USE: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

NOTICE

ISSUANCE OF THE PERMIT DOES NOT CONSTITUTE A WAIVER OF ANY OTHER APPLICABLE
LOCAL, STATE AND/OR FEDERAL LAWS, RULES AND REGULATIONS.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ZONING: _____ ZONING PERMIT # _____

I HEREBY CERTIFY THAT THE ABOVE LOCATION QUALIFIES FOR OCCUPANCY AS:

NAME: _____ COMMENTS: _____

ZONING ADMINISTRATOR

DATE: _____

COMMERCIAL AND INDUSTRIAL ENTERPRISES SHALL POST THE CERTIFICATE AND MAKE IT AVAILABLE FOR INSPECTION UPON DEMAND.
