



# Certificate of Zoning Compliance Application

City of Centerville • 100 West Spring Valley Road • Centerville, Ohio 45458

Phone: 937.433.7151 Fax: 937.433.8221 E-mail: [planning@centervilleohio.gov](mailto:planning@centervilleohio.gov)

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_

## Applicant Information

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

## Request Information

Property Owner \_\_\_\_\_

Company/Business Name \_\_\_\_\_

Property Address \_\_\_\_\_

Zoning District \_\_\_\_\_ Parcel ID No. \_\_\_\_\_

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Description *(include type of use, hours of operation, number of employees, and other pertinent information as an attachment if needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide a detailed site plan illustrating existing parking lot configuration, vehicular and pedestrian accessibility to the site, a building floor plan showing all proposed uses for each internal space, and any other pertinent site characteristics. Additionally, other information may be required for Occupancy Permit review through the City of Centerville Building Inspection Department.**

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other City regulations which are not specifically the subject of this application. I understand that approval of this application does not constitute approval of a building occupancy permit. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this zoning certificate as determined by the City Planner. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. I am aware that the City has attempted to request everything necessary for an accurate and complete review of my proposal; however, after my application has been submitted and reviewed by City staff, I understand it may be necessary for the City to request additional information and clarification.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

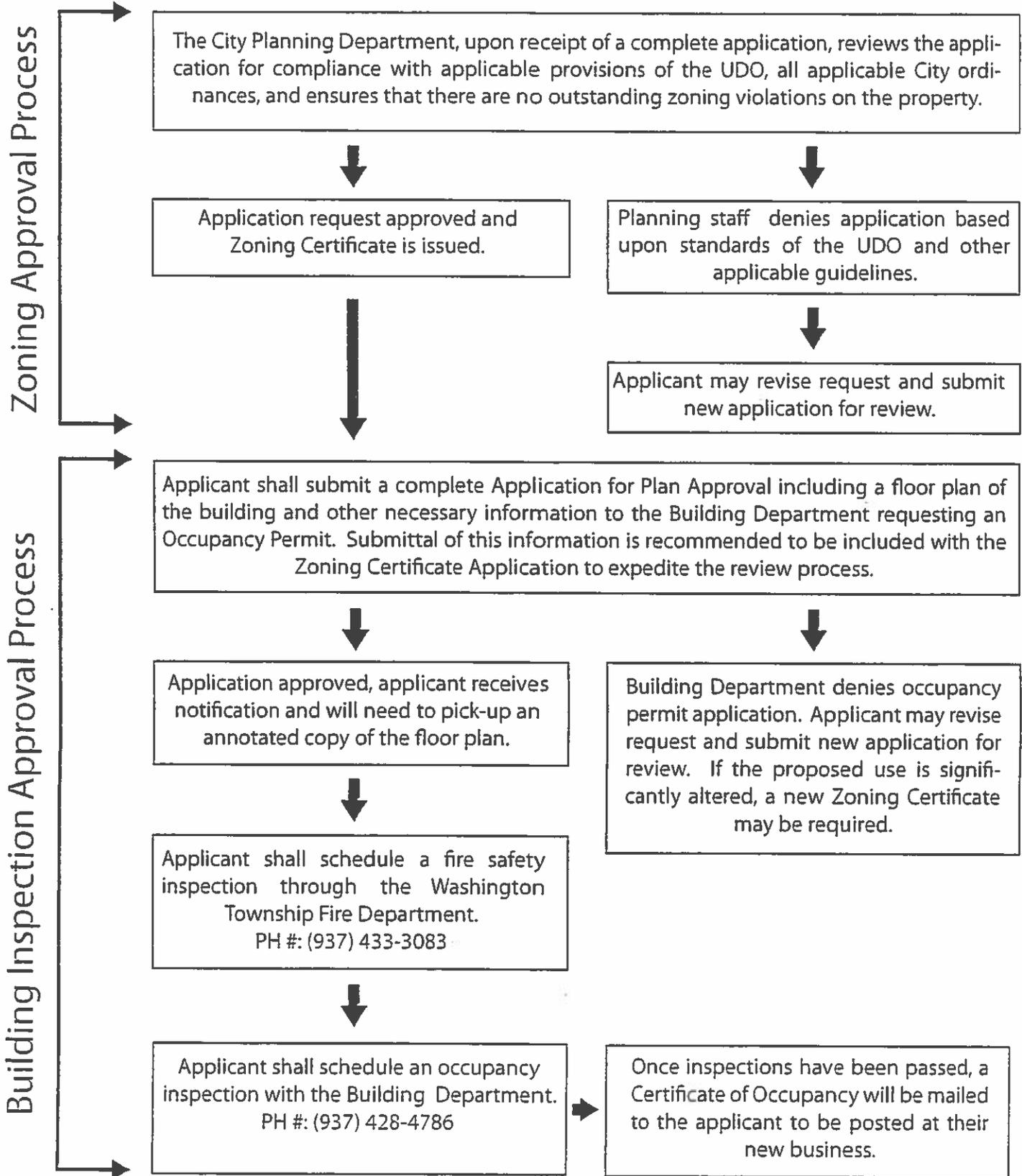
### Departmental Use Only

Form of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Ck _____ <input type="checkbox"/> CC _____	Application Fees Application Fee: _____	Review Authority <input type="checkbox"/> Administrative <input type="checkbox"/> Planning Commission <input type="checkbox"/> Board of Arch. Review
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Staff Signature _____	Date _____



# City of Centerville - Occupancy Request Flow Chart

*The following flow chart describes the series of actions required for an occupancy approval request.*



*For additional detailed information on Certificate of Zoning Compliance procedures and all requirements applicable to development approvals within the City, please reference Article 5, Development Procedures of the Unified Development Ordinance. Additional information applicable to the Building Occupancy Permit procedure is available through the City of Centerville Building Inspection Department at (937) 428-4786.*



**CITY OF CENTERVILLE**  
 100 West Spring Valley Road  
 Centerville, Ohio 45458  
 (937) 428-4786 Fax: (937) 428-4718  
 http://www.centervilleohio.gov

**APPLICATION FOR PLAN APPROVAL**

SUBMIT ONE APPLICATION FOR EACH PROJECT TYPE OR BUILDING ADDRESS

**Application Approval No.** \_\_\_\_\_

**JOB COST (Actual cost charged to customer)**

➡ \$ \_\_\_\_\_

(Application will not be processed w/o a Job Cost included)

**1. APPLICATION MADE FOR WHICH TYPE OF APPROVAL**

Commercial (3% State Fee)       Residential (1% State Fee)

(Choose One Only)

Building/Structural       Fire Protection/Suppression  
 Demolition       Occupancy Request  
 Fire Alarms/Detection       Permanent Sign  
 Other \_\_\_\_\_

**2. PROJECT LOCATION**  
 Address \_\_\_\_\_  
 Suite/Apt #: \_\_\_\_\_ Lot/Building # \_\_\_\_\_

**3. BUILDING OWNER**      Phone No. \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**4. OCCUPANT/TENANT**      Phone No. \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Company \_\_\_\_\_  
 Email Address \_\_\_\_\_

**5. PLANS BY**      Phone No. \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

**6. GENERAL CONTRACTOR**      Phone No. \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

**7. APPLICANT**      Phone No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

I hereby certify that the proposed work is authorized by the Owner of Record and I have been authorized by the Owner to make this application as his/her Agent. I also agree to call for all inspections as required and to conform to ALL applicable laws of the City and State.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE      DATE

**8. BUILDING CODE INFORMATION (REQUIRED)**  
 Project Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is project in FEMA Flood Prone Area?     Y     N

**9. TYPE OF IMPROVEMENT (COMMERCIAL)**  
 Please check all that apply

NEW  
 Footing/Foundation     Complete Building     Shell only  
 Tenant fit-up for Shell

ADDITION  
 Footing/Foundation     Complete Building     Shell only  
 TOTAL gross area of new work \_\_\_\_\_ Sq. Ft.

INTERIOR ALTERATION  
 CHANGE OF OCCUPANCY USE GROUP  
 CERTIFICATE OF USE AND OCCUPANCY  
 FIRE ALARM/DETECTION SYSTEM  
 FIRE PROTECTION/SUPPRESSION SYSTEM  
 TEMPORARY STRUCTURE

	EXISTING	PROPOSED
Use Group _____	_____	_____
Construction Type _____	_____	_____
Floor Area, Sq. Ft.	_____	_____
Basement _____	_____	_____
Ground Floor _____	_____	_____
Second Floor _____	_____	_____
Total Additional Floors _____	_____	_____
Total Square Feet _____	_____	_____
No. Stories Above Grade _____	_____	_____
Total Occupant Load _____	_____	_____

**10. TYPE OF IMPROVEMENT (RESIDENTIAL)**  
 Please check all that apply     New     Addition/Alteration

House     Garage     Pole Barn     Shed  
 Patio Enclosure     Patio Cover     Carport     Deck  
 Fireplace-Masonry/Pre-fab \_\_\_\_\_  
 Other \_\_\_\_\_

Basement     Slab     Crawl Space  
 Trusses     Rafters

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ No. of Fireplaces \_\_\_\_\_  
 Basement \_\_\_\_\_ Sq. Ft.    Enclosed Porches \_\_\_\_\_ Sq. Ft.  
 Garage \_\_\_\_\_ Sq. Ft.    Remaining Occup. Spaces \_\_\_\_\_ Sq. Ft.

An approval shall be obtained before beginning construction, alteration or repairs, other than ordinary repairs, using application forms furnished by the Building Official. Ordinary repairs are nonstructural repairs that do not include the addition to, or replacement of or relocation of water supply, sewer, drainage, drain leader, gas, soil, waste, vent or similar piping, electrical wiring, or mechanical or other work for which approval is required by the Building Official.

Every plan approval issued by the Building Official under the provisions of this code shall expire by limitation and become null and void if the building or work authorized by such approval is not commenced within twelve months from the date of the approval or if the building or work authorized by such approval is suspended or abandoned at any time after the work is commenced for a period of six months.

A copy of approved plans shall be kept on the site of the building or work at time of inspection.

The applicant or his agent shall post the street address on the job-site in a conspicuous place visible from the street or public right-of-way. The address shall be maintained by the applicant until the final inspection has been made and approved.

Occupancy of any new structure or addition is prohibited until final approval is granted and an Occupancy Certificate is issued.

\*\*\*\*\*

This is to acknowledge that I am aware of and have read the plan review comments that are now a part of the approved plans. If I am not the owner or architect responsible for preparing these documents, I, as the agent for the owner/architect, will make the owner/architect aware of the plan review comments before construction is started.

If I do not agree with an item on the plan review comments, I understand that I may file for an appeal.

If additional plans or information are requested as part of the plan review comments, I agree to provide such information in the time frame requested.

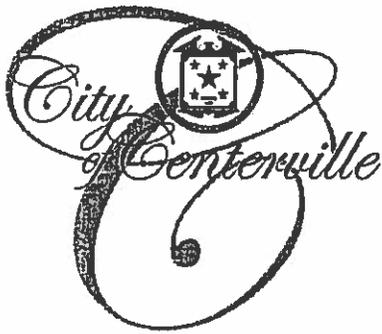
I understand if this information is not provided or if this order has not been appealed within thirty (30) days of this date, this application for approval will be considered VOID (Ohio Building Code Chapter 1 and RCO Chapter 1).

\_\_\_\_\_  
Signature Date

**OFFICE USE ONLY**

Date Received _____ Initial _____ Planning Review _____ Fire Department Review _____ Plan Examiner Approval _____ Building Official Review _____  Use Group _____ Construction Type _____ Occupancy Load _____ C.O. Needed <input type="checkbox"/> Y <input type="checkbox"/> N Sq. Ft. for Project _____ Total Sq. Ft. _____ Applicant Notified Application is Ready _____ <input type="checkbox"/> Phone <input type="checkbox"/> Mail  <input type="checkbox"/> Applicant requests emailed Application Approval Receipt	F E E S	Construction = \$ _____ Certificate of Occupancy = \$ _____ Special = \$ _____ Penalty Fee = \$ _____ Plan Review = \$ _____ State Surcharge = \$ _____ <input type="checkbox"/> 1% <input type="checkbox"/> 3%  <b>TOTAL</b> = \$ _____
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<input type="checkbox"/> Final Approval	By _____	Date _____	<input type="checkbox"/> C. O. Notes
<input type="checkbox"/> Application Expired	By _____	Date _____	<input type="checkbox"/> Pending Electric Approval
<input type="checkbox"/> Did not call for final inspection - Application Expired	By _____	Date _____	



## Sample Floor Plan and Information Required for a Certificate of Occupancy



Please Provide the Following Information:

1. Address, building number and or suite number (display on or near entry door in a minimum size of 6" letters with contrasting background).
2. Label the intended use of rooms or spaces.
3. Location of walls and partitions with measurements and square footage.
4. Location of Rest Rooms.
5. Location and size of doors. Show illuminated exit signs and emergency lighting if provided.
6. Location of fire extinguisher(s). Call Washington Twp, Fire Safety Div. (937) 433-3083 for questions on number required, location and type.
7. Additional sheets will be required if basements or upper stories exist.
8. Provide a vicinity plan if your space is part of a multi tenant building.