

VILLAGE OF CHAGRIN FALLS OCCUPANCY APPLICATION FOR ZONING COMPLIANCE
VCF codified ordinance 1309.19

21 W. WASHINGTON ST CHAGRIN FALLS, OH 44022 PH# 440-247-5050 FAX PH# 440- 247-2082

\$50.00 fee required for all zoning occupancy permits, and are required on new or a change in occupancies.

OFFICE USE

PERMIT # _____ ZONED _____ DATE RECEIVED: _____

Please submit a business use letter that describes your business use with this application.

**Food establishments must also include a table & seating plan. Written approval from the Cuyahoga County Board of Health is also required prior to opening.*

Please print legibly

Is this a: New occupancy: _____ Update: _____ Relocation : _____

Name of Business: _____ Date of application _____

Business Address: _____ Suite or Office # _____ Business Phone # _____

Email: _____ Web address: _____

Applicant/Business owner: _____

Applicant/Business owner's address: _____ City: _____

Applicant/Business owner phone number: _____

Property Owner: _____ Property Owner Address: _____

Property owner's phone number: _____ email address: _____

Propose Use: _____ Existing Use: _____ Number of Employees: _____ Date when you will be opening for business: _____

** Fire Prevention Officer, will be contacted for a Life safety inspection this inspection, and should be completed prior to opening for business. If you have any questions, please contact the Fire Prevention Bureau at the Chagrin Falls Fire Department at (440)-247-1671.

Square footage of floor space that will be occupied

Sqft. of Basement: _____ Sqft of 1st Floor: _____ Sqft. of 2nd Floor: _____ Sqft. of 3rd Floor: _____ Total Sqft. occupied: _____

Prior tenant / occupant: _____

This Information is submitted to our Police 911 Dispatch Emergency services, for emergency contact information.

EMERGENCY CONTACT INFORMATION

List at least two (2) contacts

1. Name _____ Primary Ph () _____ Secondary Ph () _____

2. Name _____ Primary Ph () _____ Secondary Ph () _____

Alarm Company: _____ Phone: _____ Security Fire

Application must be fully completed and returned to the Village of Chagrin Falls Zoning Department. Incomplete applications will not be processed. The review may take up to (10) working days and to verify information submitted. On site inspection of premises will be scheduled after occupancy if approved and before opening for business.

Applicants name please print: _____

APPLICANTS SIGNATURE _____ DATE _____

Chief Administrator: _____ Date reviewed: _____

Zoning Inspector: _____ Date reviewed: _____

Fire Prevention: _____ Date inspected: _____