

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 --- EMAIL: BUILDING@chagrin-falls.org

\$50.00 Fee required for all zoning occupancy permits; for new or changes to occupancy of a commercial space.

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.

New Occupancy: \_\_\_\_\_ Update: \_\_\_\_\_ Relocation : \_\_\_\_\_

Name of Business: \_\_\_\_\_ Date of application: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite or Office # \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

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

Applicant/Business Owner: \_\_\_\_\_ Applicant/Business Owner PH #: \_\_\_\_\_

Applicant/Business Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Property Owner's PH #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*\* 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:

Basement: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ 3rd Floor: \_\_\_\_\_ Total sq ft 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.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Chief Administrator: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Zoning Inspector: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Fire Prevention: \_\_\_\_\_ Date inspected: \_\_\_\_\_