

**CERTIFICATE OF OCCUPANCY
CITY OF GENEVA, OHIO
DEPARTMENT OF PLANNING AND ZONING**

A CERTIFICATE OF OCCUPANCY IS HEREBY REQUESTED FOR THE USE OF:

RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

ADDRESS _____ ZONING _____

NAME OF BUSINESS _____

TYPE & GENERAL DESCRIPTION OF BUSINESS _____

FEDERAL I.D. # OR SOCIAL SECURITY # _____

OWNER OF BUILDING:

LESSEE OF BUILDING:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

SIGNATURE OF APPLICANT: _____

FORMER USE OF BUILDING: _____

***** (FOR OFFICIAL USE ONLY) *****

DATE RECEIVED: _____ DATE OF ACTION : _____ EXPIRATION DATE (if temporary certificate): _____

ZONING INSPECTOR DATE _____ DENIED ___ APPROVED ___ SIGNATURE _____

ASH. COUNTY HEALTH DEPT DATE _____ DENIED ___ APPROVED ___ SIGNATURE _____

ASH. COUNTY BUILDING DEPT DATE _____ DENIED ___ APPROVED ___ SIGNATURE _____

FIRE CHIEF / FIRE INSPECTOR DATE _____ DENIED ___ APPROVED ___ SIGNATURE _____

DEPT. OF PLANNING AND ZONING DATE _____ DENIED ___ APPROVED ___ SIGNATURE _____

ADDITIONAL COMMENTS FOR CONDITIONS FOR APPROVAL OR DENIAL :

THIS BUILDING AND PROPOSED USE COMPLY WITH THE BUILDING LAWS AND THE PROVISIONS OF THIS ORDINANCE. THIS PERMIT IS GRANTED IN ACCORDANCE WITH THE CITY OF GENEVA ZONING CODE AND CAN BE REVOKED FOR ANY VIOLATION THEREOF.