



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

Permit No. \_\_\_\_\_

## *Application for Certificate of Occupancy*

- 1) Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
Fax \_\_\_\_\_ (Email) \_\_\_\_\_
- 2) Name of Applicant's Agent \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
Fax \_\_\_\_\_ (Email) \_\_\_\_\_
- 3) Address/Location of Property \_\_\_\_\_
- 4) Previous Use of Property/Structure \_\_\_\_\_
- 5) Proposed Use of Property/Structure \_\_\_\_\_
- 6) Zoning District \_\_\_\_\_
- 7) Attach a copy of Licking County Building Department final approvals (if the structure has been renovated or is new construction).
- 8) Attach approval of Licking County Health Department, if not served by public water and/or sewer.

**I certify that the exterior erection and/or structural alteration of the building has been completed in conformance with the provisions of the zoning ordinance.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**(To be completed by the Village Planner)**

Date of Final Inspection \_\_\_\_\_

Certificate of Occupancy Issuance Date \_\_\_\_\_

Remarks \_\_\_\_\_

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

\_\_\_\_\_  
Village Planning & Development Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Village Manager

\_\_\_\_\_  
Date