

# CITY OF AMHERST, OHIO

Building Department  
480 Park Avenue 44001  
440-988-3734

## APPLICATION FOR OCCUPANCY PERMIT

Date: \_\_\_\_\_

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

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

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Applicants SS# \_\_\_\_\_ and/or Fed. I.D.# \_\_\_\_\_

Zoning District: \_\_\_\_\_

New or Existing Operation and use: \_\_\_\_\_  
(Provide a detailed description)

Proposed Type of Operation and Use: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

**Total Square Footage of Building:** \_\_\_\_\_ Available Parking Spaces: Regular: \_\_\_\_\_  
(all floors required) Handicap: \_\_\_\_\_

Use Group: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Maximum Number of Employees at Peak Hours: \_\_\_\_\_

Number of Available Toilet Rooms for Proposed Occupancy: \_\_\_\_\_

New or Existing Occupancy and/or Use Presently Non-conforming? \_\_\_\_\_

How long has applicant been at the present location? \_\_\_\_\_

### For the City of Amherst Use Only

Inspection Date \_\_\_\_\_

Building Inspector: \_\_\_\_\_

Fire Inspector: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Construction Type \_\_\_\_\_

Stipulations: \_\_\_\_\_