



CITY OF AMHERST

480 Park Avenue, Amherst Ohio 44001 • ph. (440) 988-3734 fax (440) 988-3764

APPLICATION FOR COMMERCIAL OCCUPANCY PERMIT

Date: _____ New: _____ Change in Use: _____ Change in Business Owner/Name/Location: _____

PROPERTY INFORMATION:

Property Address: _____	
Property Owner: _____	
Phone/Fax: _____	Email: _____

BUSINESS INFORMATION:

Business Name: _____	
Applicant Name: _____	
Applicant Address: _____	
Phone/Fax: _____	Email: _____
Applicant Federal ID/Social Security Number: _____	
Proposed Use: _____	Opening Date: _____
Total Sqft. of Use Area on All Floors: _____	Proposed Occupancy/Seating Load: _____
Number of Employees: _____	Max. Employees at Peak Hours: _____
Restrooms Available for Occupancy: ADA _____ Men's _____ Women's _____ Family _____	
Number of Available Parking Spaces: Standard _____ ADA _____ General Off-Street _____	
_____	_____
Print Name of Applicant/Agent	Signature of Applicant/Agent

FOR THE CITY OF AMHERST USE ONLY

Date of Inspection: _____	Building Inspector: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Occupancy: _____	Zoning District: _____	Use Group: _____	Construction Type: _____
Stipulations of Approval/Denial: _____			

