



**VILLAGE OF HEBRON
APPLICATION FOR OCCUPANCY CERTIFICATE
INDUSTRIAL AND COMMERCIAL**

**PRIOR TO THE ISSUANCE OF THE VILLAGE OF HEBRON OCCUPANCY CERTIFICATE:
YOU MUST SUBMIT A COPY OF THE LICKING COUNTY BUILDING CODE INSPECTION REPORT AND CERTIFICATE OF
OCCUPANCY. PLEASE CONTACT THE LICKING COUNTY BUILDING CODE DEPARTMENT AT (740) 349-6671 FOR ANY
NECESSARY PERMITS AND/OR INSPECTIONS.**

**PRIOR TO OCCUPANCY, YOU ARE REQUIRED TO HAVE A SAFETY INSPECTION BY THE WEST LICKING FIRE
DEPARTMENT. CONTACT DOUG WHITE, FIRE MARSHALL AT (740) 927-3046, OPTION 2 OR BY EMAIL AT
dwhite@westlickingfire.org or charrison@westlickingfire.org.**

The undersigned hereby applies for a certificate of occupancy for the following use, to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

APPLICANT

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Numbers: Home: _____ Business: _____

Applicant Email Address: _____

LANDOWNER (if different than applicant)

Landowner Name: _____

Landowner Mailing Address: _____

Phone Numbers of Landowner: Home: _____ Business: _____

PROPERTY

Property Address: _____

BUSINESS INFORMATION

Business Name: _____

Business Type: _____

Business Mailing Address: _____

Business Telephone: _____ Fax: _____ Email: _____

Owner or General Manager: _____

Materials on site that require filing of MSDS: No Yes If yes, attach list.

Alarm Systems: Fire: _____ Alarm Company: _____

Security Company: _____

Facility required to have a sanitary pre-treatment analysis: No Yes

Emissions expected: No Yes If yes, attach summary.

Continued on the other side... ➡

Village of Hebron—934 West Main Street—Hebron, OH 43025 740-928-0076



Number of on-site parking: _____ Number of vehicles used in business: _____

Employees per shift: 1st Shift: _____ 2nd Shift: _____ 3rd Shift: _____

Annual Payroll: \$ _____ Tax Incentives: CRA Other: _____

List 3 after-hours contacts:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Date of Occupancy: _____ Begin Utility Service: _____

ADDITIONS AND MISCELLANEOUS: Sketch lot; show proposed construction, existing buildings, and dimensions.

Building Dimensions: _____ x _____ = _____ sq. ft

I certify the above to be correct and understand that misinformation on this application will cause the permit to be void.

Applicant: _____ Date: _____

Zoning District: _____ Ordinances Applicable to Use: _____

Approved Denied Reason for denial: _____

Community Development Coordinator: _____

Date: _____