



CITY OF AVON

Building Department

36080 Chester Road · Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

APPLICATION FOR INSPECTION AND CERTIFICATE OF OCCUPANCY

As required per section 1426.01 & OBC. Section 1440.04 & 1442.10 City Codified Ordinances

PROPERTY ADDRESS _____
Avon, Ohio 44011

BUSINESS/COMPANY NAME _____

PROPOSED USE OF PROPERTY _____

SQUARE FOOTAGE _____

LAST OCCUPANT AT THIS PROPERTY _____

APPLICANT'S NAME AND TITLE _____

APPLICANTS MAILING ADDRESS _____

ZIP CODE _____

OFFICE PHONE _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

PROPERTY OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S PHONE _____ EMAIL _____

*I understand that the City's issuance of a Certificate of Occupancy **shall not** be considered a warranty, guarantee, or assurance of any aspect of this property and its structures by the City.*

DATE _____ APPLICANT'S SIGNATURE _____

The subject premise has been inspected and certified to be in compliance with the City's Fire Prevention Code.
FIRE OFFICIAL signature, title and date _____

All ordinances of the **City** and laws of the state are complied with within the structure.
BUILDING INSPECTOR signature and date _____

Approved for issuance of Certificate of Occupancy
Building Officials signature and date _____

Date: _____

Fee: OBC Use Group Occupancy	\$50.00	TOTAL PERMIT FEE: \$103.00
Fire Service Use Group Occupancy	\$50.00	
Commercial OBBS	\$3.00	Receipt Number: _____

****A Zoning Application & Fee of \$15.00 is required for a Change of Occupancy or Change of Use.**

CITY OF AVON OFIIO
NEW BUSINESS INFORMATION



Name of Business: _____

Address of Business: _____

Phone number of Business: _____

Business Email: _____

Owner/operators Name: _____

Emergency contact Names and Numbers:	Home	Cell
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FIRE ALARM YES NO SECURITY ALARM YES NO

Alarm company Name _____ Phone # _____

Any Hazardous Materials, Processes or Special Conditions that should be noted.

MSDS on Site YES NO N/A

If you have any questions feel free to contact:

Avon Fire Dept. Phone 440-934-1222 Fax 440-934-3531

Avon Police Dept. Phone 440-934-1234 Fax 440-934- 4053

Fee: \$15.00
 Receipt # _____
 By: _____



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Application for Zoning Permit ~ ZONING PERMIT PLAN REVIEW NUMBER _____

() Residential () Commercial () Industrial () Special Use () Variance

PROJECT DESCRIPTION / <i>The undersigned hereby applies for a permit to perform the following work:</i>		
<i>Total Square Footage (house /garage /other)</i>	<i>Construction Type:</i>	<i>Use Group:</i>
<i>Total Estimate Cost</i> \$	<i>(Note: This estimate will not affect cost of permit)</i>	

PROPERTY INFORMATION / JOB SITE	
<i>Address:</i>	
<i>Permanent Parcel Number:</i>	<i>Zoning Classification:</i>
<i>Development Name, if applicable:</i>	

OWNER INFORMATION	CONTRACTOR INFORMATION
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City , State/ Zip Code:</i>	<i>City , State/ Zip Code:</i>
<i>Email:</i>	<i>Email:</i>
<i>Phone:</i>	<i>Phone:</i>

Signature of Applicant/Agent: _____ Date: _____

The above application for Zoning Permit has been reviewed for compliance with ACO Chapter 12, Planning & Zoning Codes

By _____ Date _____
 Jill Clements, Zoning Enforcement Officer

By _____ Date _____
 Emily Hanson, C.B.O / Floodplain Administrator

and was: () Approved () Denied () Referred to Zoning Board of Appeals () Other

ACO 1226.04 This Zoning Permit expires on _____ unless construction begun or an extension has been granted by the Zoning Enforcement Officer.

Description/Comments _____

