



CITY OF SIDNEY

www.sidneyoh.com

USE COMPLIANCE CERTIFICATION

Business Name (DBA) _____

Facility (Site) Address _____

Mailing Address (if different) _____

Contact Person _____ Phone _____ E-mail: _____

FEIN (Federal Employer Identification Number) _____

Property Owner (if different than Business) _____

Leasing Agent / Property Manager _____ Phone _____

Previous Business Name and Use at this address _____

Business Operation Information

- Are you relocating within the City? ... Yes No
Are you expanding to an additional location? ... Yes No
Are you a new business in the City? ... Yes No
Anticipated date of opening / occupancy: _____

Building Information

- Does this business occupy the entire building? ... Yes No
Number of stories above ground: _____
Will the basement be used for storage or work area? ... Yes No
Is this a multi-tenant building? ... Yes No
Are you currently occupying the building? ... Yes No
If yes, what date did you begin? _____
Number of square feet this business occupies: _____

Proposed Use Group (check all that apply)

- Assembly A1 A2 A3 A4 A5
Business Office B
Educational E1
Factory F1 F2
High Hazard H1 H2 H3 H4 H5
Institutional I1 I2 I3 I4

- Mercantile M1
Storage S1 S2
Utility U
Residential R1 R2 R3 R4
Daycare A3 E I1 I4 R3

*Please request "Occupancy and Use Classification" document if you are unsure of your use group

Briefly describe the type of business, including its function, special equipment, materials and processes, etc:

Empty box for business description

- *Will you be installing or changing signs? ... Yes No
*Will you be using any temporary signs? ... Yes No
*Will you store equipment or materials outside? ... Yes No
*Will you be storing vehicles outside for repair or sale? ... Yes No
Will you display merchandise outside? ... Yes No
Will you have a specific delivery or loading area? ... Yes No
Will you have a large trash container outside? ... Yes No

- Does an enclosure already exist for the trash container? ... Yes No
Typical time of operation: open at _____ close at _____
How many shifts (typical)? 1 2 3
Does this building have a basement? ... Yes No
Will the basement ever be used by the public? ... Yes No
*If yes, a separate permit is/may be required in addition to the Use Compliance Certificate

NOTE: If you are doing any interior or exterior construction or modification of the electrical, mechanical or plumbing systems a permit may be required.

Existing Fire Protection System
Sprinklers: Full NFPA 13 Limited Area Hood Other sprinkler
Alarm: Automatic Manual Access Control

Utilities (Water, Sanitary, and Storm Sewer) System
*What is your Standard Industrial Classification (SIC) Code?
* If industrial, a Data Disclosure Form is required
Do you produce / manufacture a product? ... Yes No
Please provide a copy of the most recent Backflow Certification

Applicant Certification

Application is hereby made for a USE COMPLIANCE CERTIFICATION for occupancy of a commercial or industrial property. All activities shall be completed in accordance with the requirements of all city, state, and federal regulations. Furthermore, the undersigned attests that no easement, covenant or deed restriction exists which legally prevents occupancy.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT PROVIDING INNACURATE INFORMATION ON THIS APPLICATION OR ATTACHMENTS MAY INVALIDATE THE APPLICATION OR SUBSEQUENTLY APPROVED CERTIFICATION.

Signature _____ Date _____

Contact Person (for this application) _____ Phone _____

Title _____ E-mail _____

Please check this box if you would like an initial response within 5 business days. The initial response from City staff will include "red flag" issues only and does not constitute a complete review and approval of the occupancy.

Business website (optional) _____

City Contacts:
Barbara Dulworth (Zoning) 937-498-8131; bdulworth@sidneyoh.com
Ron Wolfe (Fire) 937-498-8186; rwolfe@sidneyoh.com
Ginger Gehret (GIS) 937-498-8744; ggehret@sidneyoh.com
Gary Clough (Public Works/Utilities) 937-498-8141; gclough@sidneyoh.com
Susan Lukey (Income Tax) 937-498-8707; slukey@sidneyoh.com

Office Use Only

Application Number: _____ Date Submitted: _____ Fee Paid (\$10.00) _____ Receipt #: _____

Zoning District: _____ Section Reference: _____ Backflow Certificate attached:

APPROVALS:

COMMUNITY SERVICES DEPT _____
Initials Date

GIS DEPT: _____
Initials Date

FIRE DEPT: _____
Initials Date

PUBLIC WORKS DEPT: _____
Initials Date

UTILITIES DEPT: _____
Initials Date

PERMIT # _____ DATE APPROVED: _____

DISTRIBUTION LIST:

Revenue Collections – Office Supervisor
Fire Dept – Deputy Chief
Police Dept – Chief

911 Dispatch Center
Public Works - Director