

TOWNSHIP OF FINDLAY
Application For Certificate of Use and Occupancy

Please print or type. Incomplete or missing information may cause a delay in the processing of your application.

Address of Property: _____
Zoning District: _____ County Tax Ident #: _____
Plan Name: _____ Lot No: _____
Lot Dimensions: _____ or Acreage: _____
Describe Structure: _____ Square Feet: _____
Structure Dimensions: _____ # of Stories: _____ Set Back From Road Right-of-Way: _____
Rear Yard Distance: _____ Left Side Yard Distance: _____ Right Side Yard Distance: _____
Present Use or Occupancy: _____
Proposed Use or Occupancy: _____
Present # of Families: _____ Proposed # of Families: _____
Owner's Name: _____ Phone #: _____
(at time of occupancy)
Owner's Address: _____
Applicant's Name: _____ Phone #: _____
Applicant's Address: _____
Lessee's Name: _____ Phone #: _____
Lessee's Address: _____

This application must be accompanied by an application fee of **\$ 25.00** (for Residential) or **\$100.00** (for Non-Residential) made payable to: *Township of Findlay*.

I hereby certify that all statements contained above are true and correct and hereby apply for permission to occupy the premise above described for the purpose herein stated. If such use complies with the provisions of all laws and ordinances and certificate of occupancy is issued, it is understood by the applicant that the said certificate will authorize only the use stated in this application and that such use may not legally be extended or changed without authorization in a new certificate of occupancy. If the building located on these premises or any part of the said building is to be occupied as a dwelling, the applicant understands that the occupancy thereof is to be limited to that number of families stated in this application.

Owner's Signature Date

Print Name

OFFICIAL USE ONLY:
Date of Application _____ Fee Paid _____
Building Permit # _____ Check # _____ Occupancy Permit # _____
Code Ed _____ # stories _____ sqft _____
Use Group _____ Construction Type _____
Sprinklered _____ Y _____ N Fire Alarm _____ Y _____ N
Final Date: _____
ISSUING OFFICIAL _____ Date _____