



**City of Englewood**  
333 West National Road  
Englewood, Ohio 45322  
(937) 836-5106; FAX (937) 836-7426



**CERTIFICATE OF OCCUPANCY & ZONING COMPLIANCE**

PLEASE PRINT CLEARLY

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Lot #: \_\_\_\_\_, Zoning District: \_\_\_\_\_, Plat: \_\_\_\_\_

Parcel I.D. Number: \_\_\_\_\_

Business Name \_\_\_\_\_

Proposed Type of Use: \_\_\_\_\_

\_\_\_\_\_

**Property/Business Representative Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Use(s) Specified is (are):

- ☐ Conforming  
☐ Non-Conforming  
☐ Special Exception  
☐ Other

This Permit Represents: (please check all that apply)

- ☐ New Building  
☐ Existing Building  
☐ Addition or Remodeling  
☐ Change of Tenant  
☐ Change of Use

The undersigned represents, by signature hereon, that: 1) the information above is correct to the best of his/her knowledge; 2) that he/she is properly authorized to act on behalf of the property or business interests represented; and 3) that no activity or use of the subject property will be made beyond the uses sanctioned hereby without issuance of a subsequent zoning use permit.

Property/Business  
Agent/Representative: X \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Any structural work on the property will require a building permit.** New construction or remodeling of RESIDENTIAL and COMMERCIAL properties require a building permit issued by the City of Englewood (836-5106, extension 211). Electrical and Mechanical Permits are also administered by the City of Englewood. PLUMBING Permits are issued through The Montgomery County Public Health District Ph. No. (937) 225-2241

A plot plan, drawn to scale, shall be submitted showing the actual lot dimensions (including easement), the exact size and location of all buildings and structures on the lot, proposed new construction, and indicate the existing and intended use of all land and buildings.

Board of Appeals case # (if applicable): \_\_\_\_\_

Fee: **\$30.00** Zoning Official: \_\_\_\_\_ Date \_\_\_\_\_

The following conditions apply to this approval: \_\_\_\_\_

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**City of Englewood Fire Department has been notified**