



CITY OF BELLBROOK

ZONING PERMIT - COMPLIANCE

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305
 (937) 848-4666 WWW.CITYOFBELLBROOK.ORG

DATE RECEIVED ____/____/____ STAFF USE APPLICATION # _____

APPLICANT INFORMATION

PROPERTY ADDRESS _____ ZONING DISTRICT _____
 PROPERTY OWNER _____ PHONE NUMBER _____
 APPLICANT NAME _____ PHONE NUMBER _____
 APPLICANT EMAIL _____

REQUEST INFORMATION

BUSINESS NAME _____
 BUSINESS MAILING ADDRESS _____
 EXISTING USE _____ PROPOSED USE _____
 DESCRIPTION – INCLUDE SPECIFIC TYPE OF USE, HOURS OF OPERATION NUMBER OF EMPLOYEES AND OTHER PERTINENT INFORMATION

PLEASE PROVIDE A FLOOR PLAN SHOWING INSIDE WALLS/DOORS AND EXTERIOR WINDOWS/DOORS AND ANY OTHER PERTINENT SITE CHARACTERISTICS. ADDITIONALLY, OTHER INFORMATION MAY BE REQUIRED FOR OCCUPANCY PERMIT REVIEW THROUGH THE GREENE COUNTY DEPARTMENT OF BUILDING REGULATION.

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR ANY ADMINISTRATIVE REVIEW, CONDITIONAL USE PERMIT, VARIANCE, OR EXCEPTION FROM ANY OTHER CITY REGULATIONS WHICH ARE NOT SPECIFICALLY THE SUBJECT OF THIS APPLICATION. I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL OF A BUILDING OCCUPANCY PERMIT. I UNDERSTAND FURTHER THAT I REMAIN RESPONSIBLE FOR SATISFYING REQUIREMENTS OF ANY PRIVATE RESTRICTIONS OR COVENANTS APPURTENANT TO THE PROPERTY.

I CERTIFY THAT I AM THE APPLICANT AND THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE CITY IS NOT RESPONSIBLE FOR INACCURACIES IN INFORMATION PRESENTED, AND THAT INACCURACIES MAY RESULT IN THE REVOCATION OF THIS ZONING CERTIFICATE AS DETERMINED BY THE CITY. I FURTHER CERTIFY THAT I AM THE OWNER OR PURCHASER (OR OPTION HOLDER) OF THE PROPERTY INVOLVED IN THIS APPLICATION, OR THE LESSEE OR AGENT FULLY AUTHORIZED BY THE OWNER TO MAKE THIS SUBMISSION.

I CERTIFY THAT STATEMENTS MADE TO ME ABOUT THE TIME IT TAKES TO REVIEW AND PROCESS THIS APPLICATION ARE GENERAL. I AM AWARE THAT THE CITY HAS ATTEMPTED TO REQUEST EVERYTHING NECESSARY FOR AN ACCURATE AND COMPLETE REVIEW OF MY PROPOSAL; HOWEVER, AFTER MY APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY CITY STAFF, I UNDERSTAND IT MAY BE NECESSARY FOR THE CITY TO REQUEST ADDITIONAL INFORMATION AND CLARIFICATION.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE _____ DATE ____/____/____

OFFICE USE ONLY		
PERMIT FEE	PAYMENT TYPE	REVIEW AUTHORITY
\$ _____	CASH <input type="checkbox"/> CHECK <input type="checkbox"/> # _____	ADMINISTRATIVE <input type="checkbox"/> BZA <input type="checkbox"/> VRB <input type="checkbox"/>
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	STAFF SIGNATURE _____ DATE ____/____/____	
APPROVED-CONDITIONS <input type="checkbox"/>		

CITY OF BELLBROOK ZONING COMPLIANCE/OCCUPANCY REQUEST FLOW CHART

City staff reviews the completed application for compliance with applicable provisions of the Zoning Code, other city ordinances, and ensures there are no outstanding zoning or property maintenance violations on the property.

Application request is approved and Zoning Permit is issued.

City staff denies the application based upon standards of the municipal code and other guidelines.

Applicant schedules a fire safety inspection through the Bellbrook Fire Department.

Phone: (937) 848-3272

Applicant may revise the request and submit a new application for review.

Applicant applies for an Occupancy Permit through the Greene County Department of Building Regulation.

Phone: (937) 562-7420

Building Inspector approves the Certificate of Occupancy Permit. The permit will be issued to the applicant to be posted at their business location.

Building Inspector denies occupancy permit application. Applicant may revise the request and submit a new application for review. If the proposed use is significantly altered, a new Zoning Permit may be required.