



CITY OF AMHERST

480 Park Avenue, Amherst Ohio 44001 • ph. (440) 988-3734 fax (440) 988-3764

APPLICATION FOR COMMERCIAL OCCUPANCY PERMIT

Date: _____ New: _____ Change in Use: _____ Change in Business Owner/Name/Location: _____

PROPERTY INFORMATION:

| | |
|-------------------------|--------------|
| Property Address: _____ | |
| Property Owner: _____ | |
| Phone/Fax: _____ | Email: _____ |

BUSINESS INFORMATION:

| | |
|---|--|
| Business Name: _____ | |
| Applicant Name: _____ | |
| Applicant Address: _____ | |
| Phone/Fax: _____ | Email: _____ |
| Applicant Federal ID/Social Security Number: _____ | |
| Proposed Use: _____ | Opening Date: _____ |
| Total Sqft. of Use Area on All Floors: _____ | Proposed Occupancy/Seating Load: _____ |
| Number of Employees: _____ | Max. Employees at Peak Hours: _____ |
| Restrooms Available for Occupancy: ADA _____ Men's _____ Women's _____ Family _____ | |
| Number of Available Parking Spaces: Standard _____ ADA _____ General Off-Street _____ | |
| _____ | _____ |
| Print Name of Applicant/Agent | Signature of Applicant/Agent |

FOR THE CITY OF AMHERST USE ONLY

| | | | |
|--|---------------------------|-----------------------------------|---------------------------------|
| Date of Inspection: _____ | Building Inspector: _____ | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| Occupancy: _____ | Zoning District: _____ | Use Group: _____ | Construction Type: _____ |
| Stipulations of Approval/Denial: _____ | | | |
| _____ | | | |
| _____ | | | |