

# **APPLICATION RE-OCCUPY AN EXISTING BUILDING OR TENANT SPACE**

CITY OF MENTOR  
ENGINEERING & BUILDING AND ECONOMIC & COMMUNITY DEVELOPMENT DEPARTMENTS  
8500 CIVIC CENTER BOULEVARD, MENTOR, OHIO 44060  
440-255-1100

This application is to establish the proposed use for compliance with the ZONING CODE (Title 11) and the BUILDING CODE (Title 13). If the Zoning Administrator determines that the use conforms to the Mentor Zoning Ordinances, and the Chief Building Official determines that the use had previously existed and is not a danger to the public safety and welfare, an occupancy certificate may be issued in accordance with the Mentor Code of Ordinances and the Ohio Building Code. **Buildings to be altered in whole or in part require a building permit and this application is not appropriate. Buildings changed in whole or in part from one use to another will require a building review and/or permit and must conform to the requirements for the new use, and this application is not appropriate.**

LOCATION OF RE-OCCUPANCY \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Ward: \_\_\_\_\_ Census Tract: \_\_\_\_\_

### **Name and Address of Business: (Please Print)**

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

### **Name and Address of Property Owner: (Please Print)**

Property Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Building Type:  Brick,  Steel,  Wood,  Concrete: Check All Applicable Multi-Tenant Bldg.:  Yes  No

Previous Use: \_\_\_\_\_

New Building Use Group(s): (see reverse side): \_\_\_\_\_

Described Proposed Use: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Building Size: \_\_\_\_\_ Size of Tenant Space: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Intended No. of Occupants: (Employees & Customers): \_\_\_\_\_

Present Paved Parking: (No. of Spaces): \_\_\_\_\_ Unpaved Parking Area: \_\_\_\_\_

I do hereby certify that I have read and understand the purpose of the application to re-occupy and that the above is accurate information and that the referenced premises will be used only for the stated purpose, and hereby agree to maintain the above premises in compliance with the Ordinances of the CITY OF MENTOR. The receipt for this application is not a Certificate of Re-Occupancy. A Certificate of Occupancy may be granted upon inspection approvals.

APPLICANT'S NAME (PRINT)

SIGNATURE

DATE

### **OFFICE USE ONLY**

Fee is \$75.00 to be paid upon submittal of application.

Make check payable to: CITY OF MENTOR

FEE RECEIPT NO.: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_ OCC. LOAD: \_\_\_\_\_

ZONING USE: \_\_\_\_\_ ZONING USE REVIEW: \_\_\_\_\_

BLDG. USE: \_\_\_\_\_ BLDG. USE REVIEW: \_\_\_\_\_

**(REVISION 12/2013 ALL OTHER VERSION ARE OBSOLETE)**

