

City of New Carlisle - Change of Use/Occupancy Permit

PERMIT NUMBER: _____ DATE STAMP: _____

NEW BUSINESS ADDRESS: _____

BUSINESS OWNER(S) NAME: _____

BUSINESS OWNER(S) PHONE: _____

BUSINESS OWNER(S) HOME ADDRESS: _____

PROPERTY OWNER(S): _____

PROPERTY OWNER(S) PHONE: _____

PROPERTY OWNER(S) ADDRESS: _____

DESCRIPTION AND USE OF NEW FACILITY:

****Please use the reverse side to write a full description and use of the new facility****

THE PROPERTY OWNER(S) AND BUSINESS OWNER(S) CERTIFIES THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE AND AGREES TO COMPLY WITH ALL CITY OF NEW CARLISLE, OHIO ORDINANCES AND ZONING REGULATIONS.

BUSINESS OWNER'S SIGNATURE: _____

DATE: _____

PROPERTY OWNER'S SIGNATURE: _____

DATE: _____

CITY USE ONLY

DATE FILED: _____ DATE APPROVED/DENIED: _____ FEE: **\$50**

ZONING DISTRICT: _____ LOT NUMBER: _____

PERMITTED USE IN DISTRICT: YES / NO CONDITIONAL USE PERMIT NEEDED: YES / NO

CONDITIONS: _____

AUTHORIZED SIGNATURE (From City): _____

AUTHORIZED SIGNATURE (From Fire Dept.): _____

(Fire Department: Please Copy for your records and return original to the Planning Department)



