

BOSTON TOWNSHIP ZONING

1775 MAIN STREET PO BOX 123 PENINSULA, OH 44264 330-657-2601 Fax: 330-657-2396
www.bostontownship.org

-Business Use Occupancy Certificate Application-

BZA File No: _____	Date Filed: _____	Filing Fee Paid: _____
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Note that before any occupancy or change of occupancy in a business district building occurs, application shall be made to the Zoning Inspector for a Business Use Certificate (this will include the approval of the Valley Fire District officials.)

Application Type (check all that apply).

- ☐ New use in a new building
- ☐ New use in an existing building
- ☐ Change of use in an existing building
- ☐ Change of occupant in an existing building

Occupant/Applicant Data

Name: _____

Business Name: _____

Business Address: _____

Telephone No.: _____

Business Owner: _____ Owner's Telephone Number _____

Business Data

Zoning District: _____

Description of business use: _____

Cite the section of the zoning resolution permitting the use: _____.

Use Type: ____ Permitted* ____ Conditionally Permitted * ____ Non-conforming* *requires BZA approval

Square footage of leased space: _____

Number of full-time employees: _____ Number of part-time employees: _____

Building Name (if different): _____

Building Address: _____

Building Owner: _____ Owner Telephone No.: _____

Site Data

Please answer each of the following questions.

Will there be any new signs? ☐ Yes ☐ No If yes, a sign permit is required.

Will there be changes in any existing signs? ☐ Yes ☐ No If yes, a sign permit is required.

Will there be changes to the landscaping? ☐ Yes ☐ No

Will there be any changes to the parking area? ☐ Yes ☐ No

Will there be any on site processing or assembly? ☐ Yes ☐ No

Will there be any other site changes? ☐ Yes ☐ No If yes, please describe below:

Applicant Certification

By initialing, the applicant has read, understands, and agrees to the following:

_____ 1. Right of Revocation - It is understood and agreed by this applicant that any error, misstatement, misrepresentation of material fact, with or without intent, such as might and/or would cause a refusal of this application, or any material alteration in the accompanying use made subsequent to the issuance of a Business Use Occupancy Permit without approval of the Zoning Inspector/ Zoning Board of Appeals, shall constitute sufficient grounds for the revocation of such certificate.

_____ 2. The applicant agrees to allow the Zoning Inspector access to the property for on-site inspection(s).

_____ 3. There may be deed restrictions on the property that differ from the Boston Township Zoning Regulations. Please check your deed to make sure that any proposed project meets any restrictions that may be in effect

_____ 4. Business Use Occupancy Permit is subject to the approval of the Board of Zoning Appeals.

_____ 5. At the time of the filing of this application, applicant shall pay a non-refundable filing fee as set forth in the Boston Township Zoning Fee Schedule, currently set at fifty dollars (\$50.00).

Applicant signature: _____ **Date:** _____

Land Owner signature: _____ **Date:** _____

Fee (make check payable to Boston Township)