



## City of Aurora, Ohio - Planning, Zoning and Building Division

129 W. Pioneer Trail, Aurora, OH 44202 330.562.9564 Fax: 330.562.9719 www.auroraoh.com

### APPLICATION FOR CHANGE OF USE/OCCUPANCY CERTIFICATE

The intent of the Certificate of Use/Occupancy is to ensure compliance with the uses permitted within the respective zoning districts and the requirements established in the Planning and Zoning Codes. This application must be fully completed and returned to the Aurora Planning, Zoning and Building Division. Incomplete applications will not be processed. The on-site inspection of the premises will be scheduled after the aforementioned review is completed. Any work to be done on the site will require an additional permit.

#### PLEASE PRINT:

Business Name/Corporation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

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

Owner's Address: \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

DESCRIPTION OF PREVIOUS USE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF PROPOSED USE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Sign & Print Name

Owner/Agent

Required Documents:

- Completed application
- Floor plan or lay-out of the space
- Fire Department Emergency Contact form
- Regional Income Tax Agency form

**FOR PLANNING, ZONING & BUILDING DIVISION USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_

Zoned: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Com Zoning	\$	<u>100.00</u>
Com Occupancy	\$	<u>100.00</u>
3% State Fee	\$	<u>6.00</u>
<b>TOTAL</b>	<b>\$</b>	<b>206.00</b>

PERMIT PAID BY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
CHECK NO. \_\_\_\_\_  
CASH \_\_\_\_\_ CREDIT \_\_\_\_\_

*City of Aurora*

FIRE DEPARTMENT  
65 W. Pioneer Trail  
Aurora, Ohio 44202-9105  
330-562-7171 • 330-562-6358 FAX

Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The Aurora Fire Department requires emergency contacts and phone numbers for each business property located within the City of Aurora. Please take a few minutes to provide the information requested below and return this form to the Fire Department as soon as possible. All information contained herein shall remain confidential.

**EMERGENCY CONTACTS & TELEPHONE NUMBERS**

Primary Contact

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

In case of an emergency after closing hours, whom should the Fire Department notify?

	Name	Phone	Pager/Cell
1 <sup>st</sup> person with key	_____	_____	_____
2 <sup>nd</sup> person with key:	_____	_____	_____
3 <sup>rd</sup> person with key:	_____	_____	_____
Alarm company:	_____	_____	_____

We appreciate your prompt attention to this matter.

**Aurora Fire Prevention Bureau**  
e-mail to: [inspector@auroraoh.com](mailto:inspector@auroraoh.com)

# BUSINESS REGISTRATION FORM 48

MUNICIPALITY \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) \_\_\_\_\_

FILING STATUS:  CORPORATION  ESTATE/TRUST  LLC  NON-PROFIT  PARTNERSHIP  S-CORP.  SOLE PROPRIETOR

### RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY \_\_\_\_\_

### PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE

NAICS \_\_\_\_\_  TRANSPORTATION  NON MANUFACTURING  MANUFACTURING  WHOLESALE  
 RETAIL  FINANCE  SERVICES  PUBLIC ADMINISTRATION  NON CLASSIFICATION

### EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE)  YES  NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE)  YES\*  NO  
\*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: \_\_\_\_\_ MONTHLY GROSS PAYROLL AT RITA LOCATION: \_\_\_\_\_

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY?  YES  NO

### SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CARE OF: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

### PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

### SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
CARE OF: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

# CONTRACTOR INFORMATION

MUNICIPALITY: \_\_\_\_\_  
 ADDRESS OF CONSTRUCTION SITE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_  
 TOTAL CONTRACT AMOUNT: \$ \_\_\_\_\_

As the contractor, will your company be withholding local income tax from all employees on the job?  YES  NO

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
COZL-REC-OR-DE B.C.S.						
COZL-REC-OR-DE B.C.S.						
COZL-REC-OR-DE B.C.S.						
COZL-REC-OR-DE B.C.S.						
COZL-REC-OR-DE B.C.S.						
COZL-REC-OR-DE B.C.S.						

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY  
 ATTN: BUSINESS REGISTRATION  
 P.O. BOX 477900  
 BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)  
 COLUMBUS TOLL FREE: (866) 721-RITA (7482)  
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332  
 FAX: (440) 526-3136