



## CERTIFICATE OF ZONING COMPLIANCE APPLICATION

Date \_\_\_\_\_

Application #: \_\_\_\_\_

Business Location: \_\_\_\_\_

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

Business Telephone No. \_\_\_\_\_

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

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

Square Footage of Building: \_\_\_\_\_

**Business Type:** (Circle One)

Retail      Food      Industrial      Sales      Office      Medical

Other: \_\_\_\_\_

**Number of Employees:**

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

Application is hereby made for certificate of zoning compliance and the statements herein are made a part thereof. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact, either with or without intention on the part of the applicant, such as might, or would operate to cause the issuance of a certificate in accordance with this application, shall constitute sufficient grounds for the revocation of such certificate at any time.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prior to altering or occupying a building, please contact the Montgomery County Building Regulations, 451 West Third Street, Dayton, OH; (937) 225-4622 for a county Occupancy Permit.

**(Office Use Only)**

Fee: **\$50**      Date Paid: \_\_\_\_\_      Cash/Check: # \_\_\_\_\_      Receipt: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**Checklist:**

\_\_\_ Copy to Fire, Police Dispatch, Tax

\_\_\_ Update Land Inventory

\_\_\_ Copy to Chamber

\_\_\_ Update Zoning Database



**City of Huber Heights**  
**Division of Taxation**  
**P. O. Box 24309**  
**Huber Heights, Ohio 45424**  
**Phone: (937) 237-2976**  
**Fax: (937) 237-2983**

**BUSINESS - INCOME TAX QUESTIONNAIRE**

The following information is required to properly establish your City of Huber Heights income tax account. Please answer all questions fully and return this form to the address above.

(PLEASE TYPE OR PRINT)

1. Type of Organization: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
(Please check one) Nonprofit Organization \_\_\_\_\_ Other (Explain): \_\_\_\_\_
2. Business Name \_\_\_\_\_ Federal ID No. \_\_\_\_\_
3. Type of Business or Trade \_\_\_\_\_
4. Local Business Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_
5. Mailing Address \_\_\_\_\_
6. Email Address \_\_\_\_\_
7. Full Name of Owner(s) \_\_\_\_\_ Social Security No. \_\_\_\_\_
8. Home Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_
9. Date activity started in City of Huber Heights, \_\_\_\_/\_\_\_\_/\_\_\_\_ Accounting Period: Calendar Year \_\_\_\_\_  
or Fiscal Year Ending \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Do you own rental properties within the City of Huber Heights? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list property addresses and date acquired (on back or separate attachment).
11. Do you have employees working in the City of Huber Heights? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when did your employee(s) start working in Huber Heights? \_\_\_\_/\_\_\_\_/\_\_\_\_
12. Are you withholding **only** as a courtesy to employees who reside in the City of Huber Heights? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what date did you first start withholding City of Huber Heights tax? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please provide the employees name, address: \_\_\_\_\_
13. Are you a Monthly or Quarterly withholder? M \_\_\_\_\_ Q \_\_\_\_\_. If your withholding remittance is more than \$600.00 per quarter, you must remit withholding tax on a monthly basis.
14. Do you use Subcontractors? No \_\_\_\_ Yes \_\_\_\_\_. If you are using Subcontractors, for any portion of your business, please indicate the name, address, and Federal ID number(s)/Social Security Number(s) of the company(ies) or individual(s) who contracted with you for work performed in Huber Heights. (on back or separate attachment).
15. If you have filed City income tax returns before, show name and address used and which year(s) were filed.  
\_\_\_\_\_
16. If this is a change of ownership, give name, address, and telephone number of former owner:  
\_\_\_\_\_ Date of change \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_



**Huber Heights Fire Prevention Bureau**  
**New Occupancy Checklist**

Permit Number _____
Received Date _____

PLEASE READ: Prior to occupying a Commercial or Multi-Family Building within the City, a Fire Inspection must be performed and all systems shall be in reasonable compliance with all Life Safety Provision, Codes and Standards.

Please take a moment to **Completely** fill out the form below as it may save you time and money along the way.

**Use Group**

For Assistance with this section please see our office or Montgomery County Building Regulations @ 225-4622		
Current Building Code Use Group(s)	Proposed Building Code Use Group(s)	Any Previous or New Additional Uses*

Note: There are 26 Use Group Classifications that can be found in the Ohio Building Code and Ohio Fire Code

**Fire Protection Systems**

For Assistance with this section please see our office @ 233-1564 or 7008 Brandt Pike, Huber Heights, OH 45424		
Do you have a Fire Alarm?	Do you have a Sprinkler System?	Any Additional Fire Protection*
Will you be parking any cars inside?	Are you using a painting application?	What is the Occupant Load?
If you answered yes to any of these, please explain:		
If the systems are monitored, please describe;		

Note: Additional Fire Protection may include but not limited to; Commercial Cooking Systems, Duct Smoke Detectors, Dry Chemical, Halon Replacement, Etc.

**Building Info**

For Assistance with this section please see our office @ 233-1564 or 7008 Brandt Pike, Huber Heights, OH 45424		
Are you planning any construction?	Have you obtained any permits?	Do you know the Construction Type?*

Construction Type refers to the type of material the building is made of, Type 1, Type 2, Type 3, Type 4 and Type 5

**Miscellaneous**

For Assistance with this section please see our office @ 233-1564 or 7008 Brandt Pike, Huber Heights, OH 45424		
Do you have a Knox Box?	Do you have Hydrants on site?	Are Fire Protection Systems Labeled?
Do you store any plastics?	Do you stack or rack store? How High?	Do you have any HAZMAT*

Note: If you have any HAZMAT, please attach ALL MSDS along with locations of storage, quantity and any known significant risks for each product stored or used.

**Drawing/Details**

Please provide a **quality**, detailed drawing (DOES NOT HAVE TO BE ARCHITECTURAL) of the proposed Use as well as all of the items listed above. If you have specific applicable items such as HAZMAT Storage, Plastics or Racks we may ask for more detail. Please be prepared to obtain a permit for ANY new work or repairs that are required by Code.

Please return this form with your Zoning Application and Contact the Fire Prevention Bureau