

**HARRISON TOWNSHIP ZONING DEPARTMENT**  
**6750 OUTVILLE RD., PATASKALA, OHIO 43062**  
**(740) 927-8277**

**APPLICATION FOR CERTIFICATE OF OCCUPANCY**

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

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

The undersigned is applying for an Occupancy Certificate for the premises described, said certificate to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and that all Harrison Township zoning and building regulations have been conformed to. In addition, the applicant hereby certifies that all required inspections have been made and approved by the proper authorities.

**Please submit a copy of the completed, signed building permit with this application.**

1. Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

2. Jobsite Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

3. Contractor or person performing the work: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that the information contained in this application and attachments are true and accurate.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Fee Paid: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

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Zoning Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_