

NEW ACCOUNT APPLICATION

APPLICANT TO COMPLETE NUMBER SPACES ONLY – PLEASE PRINT

(1) PROPERTY ADDRESS: _____

(2) PREVIOUS USE: _____

(3) PROPOSED USE: _____

Provide brief description of business: _____

BUILDING SQUARE FOOTAGE: _____

1. Any additional discharge into the wastewater system other than restrooms? (Check one) YES NO
2. Is food service or preparation involved in the proposed use? (Check one) YES NO
3. Will there be any structural changes to the building or site? (patios, walls, D/W, etc)? YES NO

(4) PROPERTY OWNER / AGENT: _____

ADDRESS: _____

TELEPHONE: _____

(5) TENANT BUSINESS NAME: _____

CONTACT: _____

ADDRESS: _____

PHONE No: _____ **Email Address:** _____

(6) UTILITY BILLING ADDRESS: _____

Check if Same as Property Address

(7) PLEASE CHECK UTILITY RELEASE(S) NEEDED:

Utility: AEP VEC GAS WATER

*CALL AEP 877-373-4858 for EZID#

IMPORTANT NOTICE – READ THE FOLLOWING INFORMATION PRIOR TO SIGNING THIS FORM

By my signature, I understand that if an onsite Commercial Inspection is required, the Development Center will make an appointment for me to meet with the appropriate and applicable representatives of the Fire Marshal, Building Official, Pretreatment, Planning, and/or Health Department at the above property address. In case of a Utility Name Change only, the Fire Marshal's Office will make an appointment to meet with me at the above property address. I understand that I will be advised of all requirements that must be met before a Utility Name Change is authorized or Certificate of Occupancy (C/O) will be issued to occupy the building for the identified proposed commercial use. I also understand, that it is my responsibility to secure any permits to address corrections and to contact the applicable City representative(s) to reinspect the corrections or changes that were identified/required. After all required inspections have been made and the City's representatives approve the corrections, a C/O or Utility Name Change authorization will be prepared. Development Services will send or fax the C/O or Utility Name Change authorization to the utility provider(s) checked above. It is my responsibility to contact the utility provider(s) to set up the utility service account(s).

I understand that I will notify Development Services before any structural or site changes _____ (initial here)

(8) Applicant Name (print) _____ Applicant Signature: _____

Development Intake Rep: _____

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DEPARTMENT USE ONLY		
<input type="radio"/> Pretreatment Questionnaire	<input type="radio"/> Health Department Questionnaire – Food Service	<input type="radio"/> Assembly Seating Chart – Churches, Daycare, Restaurants, Game Room, Salons, etc.
<input type="radio"/> Pretreatment Questionnaire – Food Service	<input type="radio"/> Is there an existing Site Plan available? ___ Yes ___ No	
<input type="radio"/> Commercial Inspection - \$100 Fee		<input type="radio"/> Utility Name Change - \$25 Fee
<input type="radio"/> Commercial Inspection with Change of Food Service Type - \$100 Fee		
Release of temporary Water and Electrical Services prior to Inspection needed: ___ Yes ___ No		
Commercial Inspection Appointment Date: _____	Appointment Time: ___ 10 A.M.	___ 3 P.M.
Development Services Representative: _____		Date: _____

CIO Reports/Comments Received

<u>Building Official</u>	<u>Fire Marshal</u>	<u>Pretreatment</u>	<u>Health Department</u>	<u>Planning</u>
___ Will not attend CIO because they have no issue with the Site, Building, or Business Operations.	___ Will not attend CIO because they have no issue with the Site, Building, or Business Operations.	___ Will not attend CIO because they have no issue with the Site, Building, or Business Operations.	___ Will not attend CIO because they have no issue with the Site, Building, or Business Operations.	___ Will not attend CIO because they have no issue with the Site, Building, or Business Operations.
<u>REPORT:</u>	<u>REPORT:</u>	<u>REPORT:</u>	<u>REPORT:</u>	<u>REPORT:</u>
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Date _____	Date _____	Date _____	Date _____	Date _____
Re-Inspection Required:	Re-Inspection Required:	Re-Inspection Required:	Re-Inspection Required:	Re-Inspection Required:
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
If necessary, Re-Inspection Report received:	If necessary, Re-Inspection Report received:	If necessary, Re-Inspection Report received:	If necessary, Re-Inspection Report received:	If necessary, Re-Inspection Report received:
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

CO and/or Utility Release Date: _____

ISSUED by Development Rep: _____