



CITY OF TIPP CITY
www.tippcityohio.gov
USE COMPLIANCE CERTIFICATION

Business Name (DBA) _____
Facility (Site) Address _____
Mailing Address (if different) _____
Contact Person _____ Phone _____ E-mail _____
FEIN (Federal Employer Identification Number) _____
Property Owner (if different than Business) _____
Leasing Agent / Property Manager _____ Phone _____
Previous Business Name and Use at this address _____

Business Operation Information

Are you relocating within the City? ☐ Yes ☐ No
Are you expanding to an additional location? ☐ Yes ☐ No
Are you a new business in the City? ☐ Yes ☐ No
Anticipated date of opening / occupancy _____

Building Information

Does this business occupy the entire building? ☐ Yes ☐ No
Number of stories above ground _____
Will the basement be used for storage or work area? ☐ Yes ☐ No
Is this a multi-tenant building? ☐ Yes ☐ No
If yes, what date did you begin? _____
Number of square feet this business occupies _____

Proposed Use Group (check all that apply, if known)

Assembly <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5	Mercantile <input type="checkbox"/> M1
Business Office <input type="checkbox"/> B	Storage <input type="checkbox"/> S1 <input type="checkbox"/> S2
Educational <input type="checkbox"/> E1	Utility <input type="checkbox"/> U1
Factory <input type="checkbox"/> F1 <input type="checkbox"/> F2	Residential <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4
High Hazard <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5	Daycare <input type="checkbox"/> A3 <input type="checkbox"/> E <input type="checkbox"/> I1 <input type="checkbox"/> I4 <input type="checkbox"/> R3
Institutional <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4	

*Please request assistance from the Fire Department if you are unsure of your use group

Describe IN DETAIL the type of business, including its function, special equipment, materials, and processes.

Additional Information

Will you be installing or changing signs? ☐ Yes ☐ No
Will you be using any temporary signs? ☐ Yes ☐ No
Will you store equipment or material outside? ☐ Yes ☐ No
Will you store vehicles outside (repair or sale)? ☐ Yes ☐ No
Will you display merchandise outside? ☐ Yes ☐ No
Will you have a specific delivery or loading area? ☐ Yes ☐ No
Will you have a large trash container outside? ☐ Yes ☐ No

Does an enclosure already exist for the trash container? ☐Yes ☐No
 Typical time of operation: open at: _____ close at: _____
 How many shifts (typical)? ☐1 ☐2 ☐3
 Does this building have a basement? ☐Yes ☐No
 Will the basement ever be used by the public? ☐Yes* ☐No
 *If yes, a separate permit may be required in addition to the Use Compliance Certificate

NOTE: If you are doing any interior or exterior construction or modification of the electrical, mechanical, or plumbing systems a permit may be required by Miami County.

Office Use Only
Existing Fire Protection System
 Sprinklers: ☐Full NFPA 13 ☐Limited Area ☐Hood
☐Other sprinkler _____
 Alarm: ☐Automatic ☐Manual ☐Access Control

Office Use Only
Utilities (Water, Sanitary, and Storm Sewer) System
 *What is your standard Industrial Classification (SIC) Code? _____
 * If industrial, a Wastewater Service/Discharge Disclosure Form is required
 Do you produce / manufacture a product? ☐Yes ☐No

Application Certification

Application is hereby made for a USE COMPLIANCE CERTIFICATION for occupancy of a commercial or industrial property. All activities shall be completed in accordance with the requirements of all city, state, and federal regulations. Furthermore, the undersigned attests that no easement, covenant, or deed restriction exists which legally prevents occupancy.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT PROVIDING INNACURATE INFORMATION ON THIS APPLICATION OR ATTACHMENTS MAY INVALIDATE THE APPLICATION OR SUBSEQUENTLY APPROVED CERTIFICATION.

Signature _____ Date _____

Contact Person (for this application) _____ Phone _____

Title _____ E-mail _____

Business website (optional) _____

City Contacts

Arthur Franklin (Zoning) 937-506-3166; franklina@tippcity.net
 Adam Howard (Fire) 937-506-3950; howarda@tippcity.net
 Jeremy Bowser (Public Works/Utilities) 937-506-3165; bowserj@tippcity.net
 Steve Cross (Income Tax) 937-506-3170; crosss@tippcity.net
 Matt Spring (Community Development) 937-506-3172; springm@tippcity.net

Office Use Only

Permit Number: _____ Date Submitted: _____ Fee Paid (\$40) _____ Receipt #: _____

Zoning District: _____ Code Reference: _____

APPROVALS

COMMUNITY DEV DEPT: _____ UTILITIES DEPT: _____
 Initials Date Initials Date

FIRE DEPT: _____
 Initials Date

PERMIT # _____ DATE APPROVED: _____

DISTRIBUTION LIST

Tax Department ☐
 Community Dev. Dir. ☐
 Miami County Building Regulations ☐
 Fire Department – Assistant Chief ☐
 Address File ☐