



City of Milford New Business / Change of Use Application

www.milfordohio.org

<i>Office Use Only</i>	Please submit (3) sets of the following with application: Building layout PDF scaled to include: 1. Electrical panel location 2. Gas and Water shut off locations 3. F.A.P. location 4. Sprinkler riser location Sign permit applications are reviewed separately	Certificate Number	

		Zoning District	Initials

Business Name: _____

Business Address: _____ **Parcel ID:** _____

Type of Business: New Business New Ownership of Existing Business Home Business
 Existing Business Relocating to New Address

Description of Business: **** Required Information ****

_____ **# of Employees:** _____

Contact Information	Primary Phone #	Email Address
Primary Contact Name and Address:		
Secondary Contact Name:		
Property Owner Name and Address:		

Alarm Details (for Police Department Use in Case of Emergency)

Alarm System and Provider Name: _____

Will the Alarm Reset? Yes No Key Holder Response Time: _____

Key Holder Name: _____ Key Holder After Hours Phone #: _____

To stay up-to-date with public notifications, sign up for the PD's NIXLE service on the City's website

Please Sign Below

I am the Owner or Authorized Agent for the business listed above and am making an application for a Zoning Certificate.

_____ _____
 Name Date