



132 NORTH ELMWOOD AVENUE
MEDINA, OHIO 44256
T 330-722-9030 F 330-764-4385

NON-RESIDENTIAL OCCUPANCY PERMIT APPLICATION

(Reviewed by Planning, Building and Fire Department)

Date of Application: _____

Address/Location: _____

Permanent Parcel Number: _____ City Lot Number: _____

Business Name: _____ No. of Employees: _____

Business Owner: _____
(Please Sign and Print)

Mailing Address: _____

Phone: _____ E-mail: _____

Building Owner: _____
(Please Sign & Print)

Mailing Address: _____

Phone: _____ E-mail: _____

Previous Use (if known): _____

Please submit three (3) copies of the following:

- Letter of intent describing the proposed use(s) of the facility.
- Floor plan of the space including the general use areas.

Signature of Applicant: _____
(Please Sign & Print Your Name)

MCO 1305.11 FINAL INSPECTIONS OF ALL BUILDINGS AND STRUCTURES; EXCEPTIONS.

- (a) The Building Inspector shall upon application by the owner, make or cause to be made a final inspection of all buildings or structures hereafter erected, constructed, equipped, altered, repaired, added to, ***or reoccupied***. No building shall be offered for rent or sale or occupied in whole or in part, which does not fully comply with the provisions of this Building Code except as follows...(Excerpt of Ordinance No. 175-00, October 23, 2000, of the Codified Ordinances of the City of Medina)

(OVER)

Inspectors use only: (comments, check list, violations, at time of inspection)

Date of Inspection: _____

Square Footage of Tenant Space: _____ of Building: _____

Fire Separations? Yes _____ No _____

OBC Use Group(s): _____ Construction Type: _____

Occupancy Load: _____ Zoning District: _____ Live Load: _____

Fire Suppression: Yes _____ No _____

Smoke Detectors: Yes _____ No _____

Alarm System: Yes _____ No _____

Emergency Lighting / Exit Signs: Yes _____ No _____

Fire Extinguishers: Yes _____ No _____

Means of Egress: Front: Yes _____ No _____

Rear: Yes _____ No _____

Comments:

Approved: _____ Denied: _____

Planning Director: _____ Date: _____

Fire Marshal/Fire Inspector: _____ Date: _____

Building Inspector: _____ Date: _____

(This Form Complies with Ohio Building Code (OBC) Sections 111.2 and 3406.2)

City of Medina:
Building - 330-722-9030
Economic Development - 330-764-3319
Planning & Zoning - 330-722-9023
Fire Department - 330-725-1772



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____ Federal ID #: _____
 Address: _____ SSN : _____
(required if sole proprietor)
 City/State/Zip: _____
 Mailing Address (for withholding tax forms / If different from above) _____
 Mailing Address (for net profit tax forms / If different from above) _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- Calendar year
- Fiscal year / month ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No

If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) Yes No

Contractors

I am a contractor Yes No

Will you be using sub-contractors? Yes No

If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____

Title _____

Phone Number _____

Signature _____

Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
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	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		

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