

NON-RESIDENTIAL OCCUPANCY PERMIT

132 North Elmwood Avenue

Phone: 330-722-9030

Fax: 330-722-9045

www.medicinaoh.org

permits@medinaoh.org




Application

(Reviewed by Planning, Building, and Fire Department)

Permit Number _____

Date of Application _____

GENERAL	Property Location _____
	PPN: _____ Lot #: _____
	Previous Use (if Known): _____
Business Name: _____ No. of Employees: _____	
CONTACT INFORMATION	Business Owner: _____ <i>Please sign & Print</i>
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: _____ Email: _____
	Building Owner: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Phone: _____ Email: _____
SIGNATURE & SUBMITTAL	<p>Please submit three (3) copies of the following:</p> <ul style="list-style-type: none">➤ Letter of intent describing the proposed use(s) of the facility.➤ Floor plan of the space including the general use areas. <p>Do not return RITA Form 48 to the City of Medina. Please submit online or by mail to:</p> <p> REGIONAL INCOME TAX AGENCY</p> <p>ritaohio.com Mail to: RITA ATTN: BUSINESS REGISTRATION P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900</p>
	Application By: _____ Date: _____ <i>Signature of owner or authorized agent</i>
	Print name of Applicant: _____
	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)
	Inspection shall be completed by the Building Official and the Fire Marshall.

Inspectors Use Only: (comments, check list, and violations at time of inspection)

Date of Inspection: _____

Square Footage of Tenant Space: _____ Square Footage of Building: _____

Fire Separations: Yes No

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

Occupancy Load: _____ Zoning District: _____

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:

Signature: _____ Date _____
Zoning Official

Signature: _____ Date _____
Fire Marshal/Fire Inspector

Signature: _____ Date _____
Building Official

(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 : _____ <small>(required if sole proprietor)</small>
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.

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	_____	\$
	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	_____	\$
	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
*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		