Sheffield Village Building Department
4480 Colorado Avenue - Sheffield Village, Ohio 44054
(440) 949-6209 (440) 949-5371 fax

$10 Application for Zoning / Conditional Use Permit

Name of Business: _____
Address of Business: _____
_____
Phone Number: _____

Federal ID# _____

Contact Person: Name: _____
Address: _____
_____
Phone: _____
Email: _____
Website Link: _____

Nature of Business:
_____
_____
_____
_____

Included with Application:
- _____
- _____
- _____
- _____

Approvals

This certifies that the issuance of this Zoning Permit is in compliance with the Zoning Code as set forth in the Codified Ordinances of Sheffield Village.

_____
Joe Temkiewicz, Zoning Administrator

Site Plan: Planning: _____
Council: _____

Conditional Use: Planning: _____
Council: _____

Variance: Planning: _____
Council: _____

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COMMERCIAL / INDUSTRIAL APPLICATION FOR OCCUPANCY - $77.25 fee

Date of Application: _____

Address: _____

Business Name: _____

Business Phone / Fax: _____

Federal ID Number: _____

Business Owner Name: _____

Address: _____

Phone / Fax: _____

Building Owner / Firm: _____

Contact Name: _____

Building Owner / Firm Address: _____

Phone / Fax: _____

Federal ID Number: _____

The Building Inspector shall upon application by the owner / tenant, 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 part, which does not fully comply with the provisions of OBC Section 111.

Inspection date: _____

OBC Use Group _____

Construction Type _____

Occupancy Load _____

Floor Live Load _____

COMMENTS:_____

_____

Approved ___ Denied ___
Building Official: _____

Inspection date: _____

Fire Suppression	Y	N	N/A
Smoke Detectors	Y	N	N/A
Alarm System	Y	N	N/A
Emergency Signage	Y	N	N/A
Emergency Lighting	Y	N	N/A
Fire Extinguishers	Y	N	N/A
Egress – Front	Y	N	N/A
Egress – Rear	Y	N	N/A

COMMENTS:_____

_____

Approved ___ Denied ___
Fire Safety Inspector: _____

Sheffield Village Police Department
William Visalden Jr.
Chief of Police
4340 Colorado Ave. Sheffield Village, Ohio 44054 • Phone: (440) 949-6155 • Fax: (440) 949-2534

PLEASE PROVIDE THE SHEFFIELD VILLAGE POLICE DEPARTMENT WITH THE FOLLOWING INFORMATION SO WE MAY SERVE YOU EFFICIENTLY IN THE EVENT OF AN EMERGENCY.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

HOURS OF OPERATION: _____

NAME OF ALARM COMPANY: _____

ALARM COMPANY PHONE: _____

KEYHOLDERS (PLEASE LIST IN ORDER YOU WISH TO BE CALLED IN THE EVENT OF AN EMERGENCY)

1.) _____ **PHONE (** ____ **)** _____ **CELL (** ____ **)** _____

2.) _____ **PHONE (** ____ **)** _____ **CELL (** ____ **)** _____

3.) _____ **PHONE (** ____ **)** _____ **CELL (** ____ **)** _____

4.) _____ **PHONE (** ____ **)** _____ **CELL (** ____ **)** _____

PLEASE FAX FORM BACK @ 440-949-2534 OR DROP FORM OFF AT THE SHEFFIELD VILLAGE POLICE STATION. IF YOU HAVE ANY QUESTIONS PLEASE CALL 440-949-6155 THANK YOU.

2% INCOME TAX RATE

FORM 48

Regional Income Tax Agency
Business Registration Form

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

SHEFFIELD VILLAGE #752
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: 440.526.3136