City of Franklin Fire Division
1 Benjamin Franklin Way
Franklin, OH 45005
937-746-4542

SAFETY OCCUPANCY PERMIT APPLICATION

Please check all that apply: ☐ Business Name Change ☐ Owner Change ☐ Change of Use ☐ No Change

Property Address _____ Franklin, OH Unit # _____

Estimated Date of Occupancy: _____ _____ Units In This Building
(Each unit must apply separately)

Applicant: ☐ Owner ☐ Tenant

Property Owner Information

Business Name _____ Phone _____

Contact Name _____ Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Occupant/Proposed Occupant Information

Business Name _____ Phone _____

Contact Name _____ Phone _____

Email Address _____

Building/Unit Previously Used As What Type of Business (Detailed) _____

Type of Business (Detailed Proposed Use) _____

All new work, except minor maintenance & repair, may require a building permit. Please check with the building dept.
Is there Remodeling Planned? ☐ Yes ☐ No If Yes, What type? _____

I hereby certify that there are no willful misrepresentations in, or falsification of the statements written in this application. I am aware that should investigation disclose such evidence, my application will be rejected and I may be subject to a fine.

Print Applicant Name _____ Signature _____ Date _____

OFFICE USE Date Received _____ Scheduled Inspection: Date _____ Time _____

UDO District Classification _____ Zoning: ☐ Approved ☐ Denied Zoning Signature _____

Notes: _____

Dept Notification: ☐ Zoning ____ ☐ Building Dept ____ ☐ Water Dept ____ ☐ Tax Dept ____ ☐ Fire Dept ____

Inspection: ☐ Approved ☐ Denied Inspector Signature _____ Date _____