



**APPLICATION FOR OPERATING AND LOCATING PERMIT**

6000 WALES ROAD NORTHWOOD, Ohio 43619  
 (419) 693-9329 (419) 693-6705 (FAX)

BUSINESS OWNER:		TELEPHONE #:	
BUSINESS ADDRESS:			
MANAGER NAME:		TELEPHONE #:	
ADDRESS:			
TYPE OF BUSINESS AND/OR SERVICE:			
PROPERTY ZONED:		NUMBER OF EMPLOYEES AT PEAK SHIFT:	

LIST ALL NEW CONSTRUCTION PROJECTS PLANNED:	
LIST ALL SIGNAGE PLANNED:	
PROJECTED OPENING DATE:	HOURS AND DAYS OF OPERATION:

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

*Please note that a Fire Inspection is required prior to opening. Call 693-9327 to schedule an appointment. Upon Inspection approval, return this form, with fee, to the City Of Northwood Zoning office for permit release.*

**\*\*\* FIRE DEPARTMENT AND ZONING USE ONLY \*\*\***

INSPECTOR NAME:		STATION #	
INSPECTOR SIGNATURE:		DATE OF INSPECTION:	
INSPECTOR COMMENTS:			
ZONING PERMIT FEE: \$20.00	DATE PAID:	RECEIPT #:	INIT.:
PERMIT:                   APPROVED	DENIED		
ZONING INSPECTOR SIGNATURE:		DATE:	
Z.I. COMMENTS:			