

Business Survey Form



CITY OF KETTERING

Planning and Development Department
3600 Shroyer Road • Kettering, Ohio 45429
937-296-2441 • fax 937-296-3240

For Office Use Only
Permit Number: _____
Related permit or project _____

P&D Time Stamp Below

Business Name: _____

Business Address: _____ Zip Code: _____

Business Owner: _____ Phone: _____

Contact Name: _____ Phone: _____

Property Owner: _____ Phone: _____

Leasing Agent/Property Manager: _____ Phone: _____

Previous Business Name and Use at this address: _____

Business Operation Information For Zoning Review

- Are you relocating within the city? Yes No
- Are you expanding to an additional location? Yes No
- Are you a new business in the city? Yes No
- *Will you be installing or changing the signs? Yes No
- *Will you be using any temporary signs? Yes No
- *Will you be display merchandise outside? Yes No
- Will you be storing merchandise outside? Yes No
- Will you be storing equipment outside? Yes No
- Will you be storing company vehicles outside? Yes No
- Will you be storing vehicles outside for repair or sale? Yes No
- Will you have a specific delivery or loading area? Yes No
- Will you have a large trash container outside? Yes No
- Does an enclosure already exist for the trash container? Yes No

Typical time of operation: open at _____ close at _____

How many shifts (typical)? 1 2 3

Number of employees on the largest shift: _____

Total number of employees on all shifts: _____

Number of off-street parking places provided: _____

***If Yes, a Separate Permit Is Required in Addition to the Use Certificate**

Building Information

- Does this business occupy the entire building? Yes No
- Number of stories above ground: 1 2 3
- Does this building have a basement? Yes No
- Will the basement ever be used by the public? Yes No
- Will the basement be used for storage or a work area? Yes No
- Is this a multi-tenant building? Yes No
- Are you currently occupying the building? Yes No
- If yes, what date did you begin? _____
- Number of square feet this business occupies: _____
- Are you doing any construction? Yes No
- *Are you modifying the mechanical system? Yes No
- *Are you modifying the plumbing system? Yes No
- *Are you modifying the electrical system? Yes No

***If Yes, a Separate Permit Is Required in Addition to the Certificate of Occupancy**

Briefly describe the type of business, including its function, special equipment, number of deliveries per day or week, number of customers per day or week at this site, etc if not already provided above.
