

BROOKVILLE

# Welcome

*City of Brookville 301 Sycamore St. Brookville, Ohio 45309  
937-833-2135 office / 937-833-3347 fax*



Welcome to Brookville!

Thank you for considering and selecting the City of Brookville to locate your new business! As a government organization we pride ourselves on our pro-business philosophy assisting new and well-established Brookville businesses across the city landscape. Brookville has a great combination of small, locally owned mom & pop spots along with larger, regionally operated businesses and nationally recognized corporations. Having a handful of commercial and industrial areas within the 3.2 square mile community provides our residents with not only a great mixture of commercial and retail options, but we're also home to several work force opportunities for the community at large.

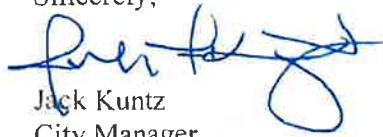
Brookville is led by top-of-the-line fire and police departments who use state of the art technology and proactive community outreach to stay engaged with our residents and businesses. The city's service department is responsible for street and infrastructure maintenance, including the city's water, sanitary and storm water systems, as well as maintaining the parks, sign inventories and city campuses. All our departments are easily accessible, pride themselves on being responsive and provide the foundation on why Brookville is considered one of the best cities in Ohio to raise a family and retire in.

Brookville offers several different business assistance programs. The Brookville Business of the Month Spotlight is a free program which highlights a local business three times a month on the city's various social media platforms. Businesses can sign up for this first come, first serve marketing tool by emailing [jkuntz@brookvilleohio.com](mailto:jkuntz@brookvilleohio.com). The city also highlights local businesses in its quarterly "Brookville Bulletin" which is mailed directly to all Brookville households, via the quarterly utility bill. Third Thursdays is a local business driven event every month, April-October, where local businesses set up vendor spaces in downtown Brookville. To register and participate in this event, you can contact [brookvilleconnection@gmail.com](mailto:brookvilleconnection@gmail.com). Brookville also has the Brookville Area Chamber of Commerce which provides local businesses with great local resources. To contact the Chamber, please email [admin@brookvilleareachamber.org](mailto:admin@brookvilleareachamber.org) today.

To help Brookville's staff be the best partner for you and your company, please complete the attached form. Although the document is a few pages long, it helps all the different departments in Brookville have your contact information along with ensuring your business is appropriately registered with the city in compliance with local legislation. If you need any assistance in completing this document, please feel free to contact the city offices at 937-833-2135.

Thank you again for selecting Brookville to be your new business home and if there is ever anything we can do to be of assistance to you and/or your staff, please don't hesitate to let us know. You can reach me directly at [jkuntz@brookvilleohio.com](mailto:jkuntz@brookvilleohio.com) or 937-833-2135 x 104 regarding any issue or question or to just talk about the city or your business. I look forward to hearing from you soon.

Sincerely,



Jack Kuntz  
City Manager

Application  
No.

# CITY OF BROOKVILLE

301 Sycamore St., P.O. Box 10, Brookville, Ohio 45309-0010 • Phone (937) 833-2135



## APPLICATION FOR A ZONING COMPLIANCE PERMIT

The undersigned applies for a Zoning Compliance Permit for the following use; said permit to be issued solely on the basis of information contained herein, and, with the knowledge that the falsification of any fact or statement submitted with or within this application shall render this application null and void. An application will be denied if all required information is not provided within three (3) months from the date of the application. (Permit shall expire if work has not begun within six (6) months, and completed within eighteen (18) months.)

A. Single family \_\_\_\_\_ B. Multi-family \_\_\_\_\_ C. Business \_\_\_\_\_ D. Industrial \_\_\_\_\_ E. Sign \_\_\_\_\_

F. Accessory use \_\_\_\_\_ G. Temp. use \_\_\_\_\_ H. Certificate of Occupancy \_\_\_\_\_ I. Other \_\_\_\_\_

1. Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Interest in property \_\_\_\_\_

2. Location, address, or legal description of property to be affected \_\_\_\_\_

3. Present zoning classification \_\_\_\_\_ Existing use \_\_\_\_\_

4. *Proposed use request (If proposed use is a business or industry, describe nature of use).*

\_\_\_\_\_

5. In order to be processed for all new construction, the applicant must provide two (2) copies of a plot plan showing all of the following which apply, and would be helpful in arriving at a decision on this application. Provide one (1) copy of a plot plan for all accessory uses.

- a. The exact dimensions and shape of lot.
- b. The exact location and dimensions of existing buildings.
- c. The exact location and dimensions of all proposed buildings. (APPROVED GRADING PLANS MUST BE FOLLOWED.)
- d. The exact location and dimensions of all proposed accessory structures.

(ALL FENCES REQUIRE THAT POSTS ARE RETAINED INSIDE THE PERIMETER OF THE FENCE.)

- e. The location and width of all proposed points of ingress and egress.
- f. The location, number, and dimensions of all proposed off-street parking and loading spaces.
- g. The location and type of lighting which will be used to illuminate areas of proposed parking, loading, and traffic circulation.
- h. The location and types of landscaping proposed.
- i. The location and dimensions of all proposed outdoor storage facilities for fuel, raw materials, and/or waste products.
- j. The location and dimensions of all proposed signs.
- k. The location and identification of all proposed or existing easements.
- l. The exact location and dimensions of proposed swimming pool and/or fences.

6. Has application been filed on above before? \_\_\_\_\_ When? \_\_\_\_\_ Results? \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Application date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE • FOR OFFICE USE ONLY

Building permit # \_\_\_\_\_ Water tap permit # \_\_\_\_\_ Sewer tap permit # \_\_\_\_\_

Approved/Denied \_\_\_\_\_ Approval/Denial date \_\_\_\_\_

Fee \_\_\_\_\_ Receipt number \_\_\_\_\_ Date \_\_\_\_\_  
(Non-refundable)

# CITY OF BROOKVILLE

## **ZONING PERMIT FEES**

**ZONING COMPLIANCE: Residential 1-2-3 family; new and existing.** \$ 35.00  
Note: Permit required prior to obtaining a Building Permit.

**ZONING COMPLIANCE: Commercial, Industrial, and Multi-family.** \$ 75.00

**ACCESSORY USES:** Listed in Section 1157 of Zoning Ordinance. \$ 35.00

**SIGN PERMIT: For zoning only, all signs in a Commercial or Industrial Zoning District must also obtain a Building Permit.** \$ 75.00

**Zoning violation without first obtaining a permit is two times the cost of permit.**

**TEMPORARY USE PERMIT** \$ 35.00

**CERTIFICATE OF USE OR OCCUPANCY (Included with Special Use) \$ 75.00**

**ZONING VARIANCE OR APPEALS** \$ 150.00

**ZONING AMENDMENT (Rezoning)** \$ 200.00

**ZONING SPECIAL USE PERMIT (Also required for Home Occupation) \$ 75.00**  
**(Cost includes Certificate of Occupancy)**

**SITE DEVELOPMENT** \$ 100.00

**PLANNED DEVELOPMENT** \$ 500.00

**MINOR SUBDIVISION: (LOT SPLIT) Up to and including five (5) lots \$ 150.00**

**MAJOR SUBDIVISION: Over five (5) lots (preliminary)** \$ 300.00  
**MAJOR SUBDIVISION: Over five (5) lots (final)** \$ 300.00

## **RESIDENTIAL PERMITS**

**CALL BACK REINSPECTION FEE: Two or more trips.** \$ 25.00

**WATER TAPS** \$ 1500.00

<b>SEWER TAPS:</b>	<b>Residential</b>	<b>\$ 1500.00</b>
	<b>Two-Family</b>	<b>\$ 2500.00 per double</b>
	<b>Multi-family Apts.</b>	<b>\$ 1500.00 plus \$300 For each add'l unit</b>

**Commercial** **\$ 1500.00**  
Plus \$.30 per sq. ft.

**VANDALIA – BROOKVILLE**  
**BUTLER TOWNSHIP JEDD – BUTLER TOWNSHIP JEDZ**  
**OFFICIAL INCOME TAX BUSINESS QUESTIONNAIRE**

City of Vandalia Income Tax Office  
P.O. Box 727  
Vandalia, OH 45377-0727

**PLEASE COMPLETE AND RETURN THIS FORM WITHIN FIFTEEN (15) DAYS - DO NOT DISREGARD**

*The information requested on this form is essential for the completion of our records and will be kept confidential.*

**Check locality as needed: Vandalia Brookville Butler Twp JEDD Butler Twp JEDZ**

**(PLEASE PRINT OR TYPE)**

**Federal I.D. Number:**

**1. Name of Company:**

Trade Name (if different):

Location of work site in City/JEDD/JEDZ:

Mailing Address (if different):

**2. Nature of Business:**

**3. Date business or contract began in city:**

Is your business withholding as a courtesy to your resident employees only?  Yes  No

(If yes, please complete question 9, sign the bottom of page 2, and return the questionnaire to our office.)

**4. Accounting period (Check one):  Calendar Year  Fiscal Year Ending: \_\_\_\_\_**

**5. Type of Organization (Check one):**

Sole Proprietor  Corporation  Partnership  LLC  Other \_\_\_\_\_

**6. Do you now employ one or more persons?  Yes  No**

If yes, how many? \_\_\_\_\_ Date employees began working in City/JEDD/JEDZ: \_\_\_\_\_

If no, will you have employees in the future?  Yes  No Date employees will begin: \_\_\_\_\_

**Note: Withholding payments must be remitted monthly unless quarterly filing is requested in writing and approved by the Tax Commissioner.**

**7. Does your business occupy, as a tenant, real property in City/JEDD/JEDZ?  Yes  No**

If yes, give name and address to whom rent is paid. (Owner or Owner's Agent)

Name	Address	City/State	Zip

**8. Does your business have persons in your employ at any time during the year that are subject to the Local Income Tax but from whom you are not required to withhold?**

(For example: Contract labor, Contractors, Subcontractors)  Yes  No

If yes, attach a list providing name(s) and address(es).

**9. Whom should the Tax Office contact about Local Tax Withholdings?**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**10. Whom should the Tax Office contact about Corporate Income Tax?**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**11. If Sole Proprietor, complete the following:**

Owner's Name:

Social Security No.:

Owner's Address:

**12. If Corporation, list names and addresses of all principal corporate officers:**

Name	Address

**13. If Partnership, Association or other Unincorporated Joint Business Venture, list names and addresses of partners, associates or members:**

Name	Address

**14. If Contractor or Subcontractor, list names and addresses of parties from whom contracted or subcontracted:**

Name	Address

Location of job:

Probable length of job: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you now or will you be doing more than one job in the City/JEDD/JEDZ?  Yes  No

*The information hereby submitted is true, correct, and complete to the best of my knowledge.*

Name (please print):	Company:
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Signature:	Date:
Title:	Phone:
Email Address:	

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE COMPLETING THIS FORM,  
PLEASE CONTACT THE VANDALIA TAX OFFICE AT (937) 415-2240.  
Please mail, fax or e-mail this completed form to:

City of Vandalia Income Tax Office

P.O. Box 727

Vandalia, OH 45377

Fax Number: (937) 415-2361

E-mail: [tax@vandaliaohio.org](mailto:tax@vandaliaohio.org)



**TO:** Local Business Owner

**FROM:** Brookville Fire Department

**REF:** Emergency Contact Forms/ Annual Fire Inspections

To whom it may concern,

The Brookville Fire Department is updating all outdated emergency contact information for the ability of our first responders to contact you in the chance it is needed. Please fill the form out as soon as possible, even if you recently filled it out. Someone within the department will be by to collect the forms in one week. You may also drop it off at the firehouse located at 775 E. Upper Lewisburg Salem Road, in the front lobby, within the week or email back to Brittany using the QR codes provided.

We will also be scheduling fire inspections that are due at this time. If you have any questions, please contact Lt. Dustin Copley. You may also contact our Administrative Assistant. Both are listed below.

- Lt. Copley – [dcopley@brookvilleohio.com](mailto:dcopley@brookvilleohio.com)  
Ofc. (937)833-2345 x315 // VM (937)833-2345 x308 // Cell (937)833-2345 x388
- Brittany Ferguson - [bferguson@brookvilleohio.com](mailto:bferguson@brookvilleohio.com)  
Ofc. (937)833-2345 x321

Best Regards,

Chief Ronald E. Fletcher





# Emergency Contact Form

CONFIDENTIAL - For Official Use Only

\*\*This information assures that the Brookville Police/Fire Departments will be able to contact you or a key holder in case of emergency at your residence or place of business.



**Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Suite** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Fax:** (\_\_\_\_) \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Primary Contact #:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Primary Contact #:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## EMERGENCY CONTACTS:

(Please list in order of **quickest** response in the event of an emergency)

1. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

Keyholder- Y { } N { }

2. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

Keyholder- Y { } N { }

3. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate #: (\_\_\_\_) \_\_\_\_\_

Keyholder- Y { } N { }

4. Name: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_

Alternate Contact #: (\_\_\_\_) \_\_\_\_\_

Keyholder- Y { } N { }



Does your business have an alarm system?

{ }Yes { }No

If yes, what type?

Robbery	Panic	Burglar/Intrusion	Fire	Medical

Name of Alarm Company: \_\_\_\_\_

Alarm Company Contact #: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Contact #: (\_\_\_\_) \_\_\_\_\_

Utilities:

{ }Natural Gas { }Propane { }Electric { }Other \_\_\_\_\_

**Other Information:** (Please list any hazards that may be on location. Example: Dogs, Hazardous Materials, ect.): \_\_\_\_\_

Security Camera Registration: { }Yes { }No



If no, please scan the QR Code above or visit <https://www.brookvilleohio.com/330/Police> to register your security cameras with the Brookville Police Department if you are willing to share the location of those cameras to help our police in the event a crime or suspicious activity occurs in your area. We will contact you and request that you search the camera system to see if any evidence was captured and can be shared with law enforcement officers. If registered, the police would only request archived video on a case-by-case basis.

Signature of Person Completing Form: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Premise owners are responsible for notifying the appropriate department immediately when there are changes made to any of the information above.

**PD USE ONLY:**

CAD Update \_\_\_\_\_ by \_\_\_\_\_

[ ] City of Brookville PD Beat \_\_\_\_\_

[ ] Clay Township PD Beat \_\_\_\_\_

[ ] Perry Township PD Beat \_\_\_\_\_

[ ] Cameras Registered

**FD USE ONLY:**

Key Box Location \_\_\_\_\_

FDC Location \_\_\_\_\_

Fire Alarm Box \_\_\_\_\_

ESO \_\_\_\_\_ Date Entered \_\_\_\_\_ by \_\_\_\_\_

Hyper-Reach Entered \_\_\_\_\_ by \_\_\_\_\_



### **Fire Inspection Scheduling**

The fire department is responsible for **annual** safety inspections.

**\*\*Inspections are scheduled M-F 9am-4pm\*\***

Please check what day works best for you/r business:

Monday	Tuesday	Wednesday	Thursday	Friday

List below the best contact person for scheduling your safety inspection.

**Name:** \_\_\_\_\_

**Contact #:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*\*Someone within the fire department will reach out to get your inspection scheduled. Thank you for your time!**



#### **FD USE ONLY:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Assigned By: \_\_\_\_\_

