

Clark County Community  
Development

Special Amusement  
Application

Springview Government Center  
3130 E. Main St., Suite 1A  
Springfield, OH 45505  
Phone: (937)521-2160/(937) 328-2621 Fax  
www.clarkcountyohio.gov

Thomas A. Hale, CBO,RBO

Application No: \_\_\_\_\_

Site Address \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Owner/Tenant : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Person in Charge of Operations:(if different from above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

*NOTE: Please fill out all information completely. Application can be rejected if all information is not completed.*

1. Total Building Area: \_\_\_\_\_

Total Area to be Used: \_\_\_\_\_

2. Actual number of people occupying structure at one time: \_\_\_\_\_ (including workers)

3. Does structure have roof?

Yes

No

4. Does structure have walls?

Yes

No

4.1 Are walls continuous from ground to roof?

Yes

No

5. Date and time of operation:

Starting \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his/her authorized agent we agree to conform to all applicable laws of Clark County and any other jurisdiction contracted with Clark County and the State of Ohio.

**Applicant Signature:** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_

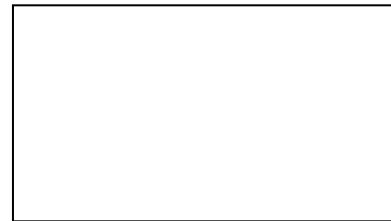
**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Building Department Use Only**

Application Taken By: \_\_\_\_\_

Date Stamp:



Applicant Notified: Left Message Verbal No Answer

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

Plans Examiner Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

CBO Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_

Plans to Return: yes no

Zoning Required: yes no

Total Fee:\$ \_\_\_\_\_