

**Village of Haskins**  
405 N. Findlay Road - PO Box 236  
Haskins, Ohio 43525-0236



Utilities Department  
419-823-1911

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**APPLICATION FOR UTILITY SERVICE**

ACCOUNT NO.(assigned by village) \_\_\_\_\_  
Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_ Cell No \_\_\_\_\_  
Drivers License No. \_\_\_\_\_ Email address \_\_\_\_\_

Service Address \_\_\_\_\_  
Is service address inside the Village of Haskins city limits? Yes \_\_\_\_\_ or No \_\_\_\_\_

Mailing Address (if different than service address) \_\_\_\_\_

Employer Work Number \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Drivers License No. \_\_\_\_\_

Employer Work Number \_\_\_\_\_  
\_\_\_\_\_ Rent (or) \_\_\_\_\_ Own **\*\*A photocopy of your driver's license is required\*\***

If Renting Name of Landlord Phone No. \_\_\_\_\_

Address of Landlord \_\_\_\_\_

**INCOME TAX INFORMATION**

The above information will be used by the Village of Haskins Income Tax Department to add your name to the Village tax rolls. All residents of the Village must file a tax return whether the tax is withheld or not, and whether he or she has taxable income or not. The income tax rate is 1% with a credit of 1/2% for withholding by another city or village.

**FOR YOUR INFORMATION**

I certify the above information is complete and true to the best of my knowledge. I understand if any utility bill is unpaid by the time of the next utility billing, it shall be considered delinquent and procedure for shutoff off of the utility services will be instituted 15 days after the account is first delinquent. Once utility services have been discontinued, they shall not be reinstated until the account is paid in full including any disconnection and reconnection fees. In consideration for the furnishing of utility services to the property for which application is made, the undersigned accepts responsibility for the payment of all utilities furnished.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

For Utility Billing Office Use: Deposit Paid \_\_\_\_\_ Senior Sewer Discount \_\_\_\_\_ Utility Representative \_\_\_\_\_



Haskins Village – Where to Live!

405 N. Findlay, P.O. Box 236, Haskins, Ohio 43525-0236

Home: (419) 823-1911 Fax (419) 823-1120

On the Web at: <http://www.haskinsvillage.org>

Bradley A. Heft – Mayor Lisa Heft – Clerk/Treasurer Colby Carroll – Village Administrator

**APPLICATION FOR OCCUPANCY CERTIFICATE**

Section 1101.3 of the Haskins Codified Ordinance states; "It shall be unlawful to use/occupy or permit the use/occupancy of any building or premises, or both, without an Occupancy Certificate issued by the Zoning Inspector. The Occupancy Certificate shall not be transferable when a building or premises changes owners, operators, and/or uses. Occupancy Certificates shall be issued only in conformity with the provisions of this Ordinance."

The purpose of this process is to ensure that a building or premise is suitable to occupy from a health and safety point of view and that such use or occupancy is in compliance with all applicable portions of both the Haskins Zoning Ordinance and the Haskins Codified Ordinance.

Upon the completion of this application, the Zoning Inspector will perform an inspection of the building/premise for the completion of the Occupancy Certificate Checklist. There is a \$25.00 fee associated with this application.

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Building/Premise: \_\_\_\_\_

Type of Building/Premise:

- Residential (Owned by Applicant)
- Residential (Rental Property)
- Commercial Property
- Other \_\_\_\_\_

Proposed Use of the Building/Premises: \_\_\_\_\_

Intended Date of Use/Occupancy: \_\_\_\_\_

Number of Occupants Proposed: \_\_\_\_\_

**APPLICANT CERTIFICATION**

I, \_\_\_\_\_, owner or occupant of the building/premises situated at \_\_\_\_\_, hereby certify that the use and occupancy of said premises shall be healthful, safe and sanitary, and in compliance with the Codified Ordinances, Zoning Ordinances, and any other provision of the Village in Haskins, Ohio or Ohio Revised Code. I understand that failure to use/occupy listed premises may result in prosecution in accordance with the Codified Ordinances of the Village of Haskins or the Ohio Revised Code. I also understand that the Village of Haskins, its employees, representatives and agents do not warrant, guarantee, or make any representations, of whatever nature, as to the quality or workmanship of the premises.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

\*\*\*\*\* Office Use Only\*\*\*\*\*

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Assigned Application Number: \_\_\_\_\_

Certificate Status: \_\_\_\_\_

**Names:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Primary Social Security Number      First Name      Middle      Last Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Spouse's Social Security Number      First Name      Middle      Last Name

Primary date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Spouse's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration for the city or village of: \_\_\_\_\_

**Current Residence Address Information:**

\_\_\_\_\_  
Street No.      Street Name      Apt. /Suite #      PO Box

\_\_\_\_\_  
City / Village      State      Zip Code

Date you moved to this address: \_\_\_\_/\_\_\_\_/\_\_\_\_      Contact Phone No. (\_\_\_\_) \_\_\_\_-\_\_\_\_

Do you own or rent your home? (Please check ✓ one) Own  Rent

If renting please give the Landlord's name, address and phone number \_\_\_\_\_

**Previous Residence Address Information:**

\_\_\_\_\_  
Street No.      Street Name      Apt. /Suite #      City / Village      State      Zip Code

Date you moved to this address: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employment Information:** (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes  No       Is your spouse employed? Yes  No

Are you retired and/or have no taxable income? Yes  No  If Yes, date you retired: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your spouse retired and/or have no taxable income? Yes  No  If Yes, date your spouse retired: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have income reported on Federal Schedules C, E or F? Yes  No

Does your spouse have income reported on Federal Schedules C, E or F? Yes  No

Do you and/or your spouse own rental property? Yes  No  (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: \_\_\_\_\_

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