

# *Office of Economic Development*

T. Sharon Woodberry, Director of Economic Development

City of Youngstown

Mayor Jay Williams

Finance Director David Bozanich

20 Federal Place , Suite M8 • Youngstown, Ohio 44503 • 330-744-1708 • Fax 330-744-1951•

Website: ytowndevlopment.com

Dear Applicant:

Attached please find an application for the Youngstown-SBA Initiative lending program for which you inquired. The following steps outline the application process for this program.

STEP 1. **Prior to** project commencement, complete the Initiative application and submit to: \*\*\*

Office of Economic Development  
City of Youngstown  
Attn: Initiative Program  
20 W. Federal Street, Suite M-8  
Youngstown, OH 44503

**\*\*\*If you need assistance completing the required paperwork, please contact me and a referral can be made for you.**

STEP 2. Upon review of your **complete** application, you will be contacted for an interview.

STEP 3. Following a review of your application by the committee, you will receive a letter of intent from our office stating any incentives that will be provided.

STEP 4. Apply for your loan at one of the participating banks; be sure to present your letter of intent from the City of Youngstown at this time. Your SBA paperwork should be completed at this time also. **Please note that you must obtain approval from a participating bank and the SBA to be eligible for this program.**

**COMMENCEMENT OF PROJECT IS NOT PERMITTED UNTIL AGREEMENTS ARE APPROVED AND SIGNED BY BOARD OF CONTROL. FAILURE TO COMPLY WILL RESULT IN PROJECT BEING INELIGIBLE FOR FUNDING.**

Should you have any questions, please feel free to contact me.

Sincerely,



T. Sharon Woodberry  
Director of Economic Development

# The Youngstown Initiative

**Youngstown**

**Economic**

**Development**

**20 W. Federal Street  
Suite M-8  
Youngstown, OH  
44503**

**Phone: 330.744.1708  
Fax: 330.744.1951**

**Email:  
ytowndevlopment.com**

The Youngstown Initiative is a collaborative effort among the public sector and the local banking community that is designed to combine resources for the purpose of making capital more accessible to your business. The following are incentives provided by the City of Youngstown **contingent upon your ability to obtain supplemental financing from an approved source.**

- **Subordinated Loan/Performance Grants**

Eligible projects can receive up to 20% of total project at an amount not to exceed \$100,000. Subordinated loans will convert to a performance grant based on terms of Development agreement with the City.

- **Tax Abatements**

75% tax abatements will apply to improvements on real and personal property

- **Waiver of Permit Fees**

All fees associated with permits issued by the City of Youngstown will be waived

- **Demolition Grants**

Grants of up to \$50,000 will be provided as assistance to any project requiring demolition of structures

- **Facade Renovation Grants**

The City will reimburse \$40 of authorized exterior renovation expenses up to \$20,000. Funds will be disbursed as a loan and convert to a grant once stipulated requirements are met

- **Technical Assistance Grants**

Funds up to \$5,000 will be made available to qualified applicants with services needed to start a small business

## **YOUNGSTOWN/SBA INITIATIVE**

### **APPLICATIONS MUST BE SUBMITTED PRIOR TO PROJECT COMMENCEMENT, FAILURE TO COMPLY WILL RESULT IN FUNDING INELIGIBILITY**

#### **THE FOLLOWING ATTACHED FORMS MUST BE COMPLETED AND SUBMITTED WITH APPLICATION:**

- Personal financial statement for all principals with 10% ownership (Exhibit A)
- Schedule of Debt (Exhibit B)
- Authorization to disclose information (Exhibit C)
- Two-year projection with assumptions (Exhibit D)
- Resumes for all principals with 10% ownership (Exhibit E)
- Schedule of Fund Sources & Uses (Exhibit F)

#### **PLEASE MAKE SURE THAT THE FOLLOWING ARE ALSO INCLUDED WITH YOUR APPLICATION:**

- Copy of past three years business tax returns to include all schedules
- Copy of past three years personal income tax returns to include all schedules and W-2's for all principals with 10% ownership
- Third party cost estimates (Purchase Agreements, Quotes, etc.)  
\*\*Need at least (2) two quotes for demolition
- Interim (Within 60 days) business financial statements

#### **PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTATION, PAPERWORK WILL NOT BE RETURNED**

ALL EXHIBITS AND QUESTIONS MUST BE COMPLETED. AN INCOMPLETE APPLICATION MAY DELAY THE PROCESSING OF THE REQUESTED LOAN. IF NECESSARY, DETAILS MAY BE INCLUDED ON ADDITIONAL SHEETS

# YOUNGSTOWN/SBA INITIATIVE

PLEASE INDICATE PROGRAMS WHICH YOU ARE SEEKING FOR THIS PROJECT

- SUBORDINATED LOAN/PERFORMANCE GRANT
- TAX ABATEMENT
- WAIVER OF PERMIT FEES
- DEMOLITION GRANT  
ANTICIPATED COST OF DEMOLITION \$ \_\_\_\_\_
- FAÇADE GRANT (applicable for exterior renovations only)
- TECHNICAL ASSISTANCE GRANTS (eligible for MBE/WBE applicants only)

**\*\*Funding will be provided only for those services/activities incurred subsequent to Board of Control approval**

1. DATE: \_\_\_\_\_
2. COMPANY NAME: \_\_\_\_\_
3. BUSINESS ADDRESS: \_\_\_\_\_
4. PROJECT LOCATION: \_\_\_\_\_
5. TAX IDENTIFICATION NUMBER OR SS#: \_\_\_\_\_
6. BUS. PHONE: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_
7. NAME OF CONTACT PERSON & TITLE:  
\_\_\_\_\_  
\_\_\_\_\_
8. TOTAL PROJECT COST: \$ \_\_\_\_\_

<p><b><u>(FOR OFFICIAL USE ONLY)</u></b> <b>QUALIFYING GRANT FUNDS:</b></p>
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9. LIST WHAT WILL FUNDS BE USED FOR: ATTACH A THIRD PARTY COST ESTIMATE FOR MACHINERY AND EQUIPMENT OR OTHER ITEMS THAT FUNDS WILL BE USED FOR, THEN ITEMIZE BELOW:  
\_\_\_\_\_  
\_\_\_\_\_
10. LIST ALL OTHER FUND SOURCES FOR THIS PROJECT, THE AMOUNT & WHAT ASPECT OF PROJECT FUNDS ARE BEING USED FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. PLEASE STATE UNDER WHICH TYPE OF ORGANIZATION YOUR COMPANY PRESENTLY OPERATES (CHECK ONE):  
 SOLE PROPRIETORSHIP       CORPORATION  
 FRANCHISE       JOINT VENTURE  
 PARTNERSHIP       OTHER-SPECIFY \_\_\_\_\_

If corporation, attach copy of Stock Journal and Articles of Incorporation.

12. LIST ALL OWNERS, PARTNERS, AND STOCKHOLDERS, PERCENTAGE (%) OWNED, AND OFFICER STATUS OF OWNERS:

PRESIDENT: \_\_\_\_\_ % \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_ % \_\_\_\_\_

TREASURER: \_\_\_\_\_ % \_\_\_\_\_

SECRETARY: \_\_\_\_\_ % \_\_\_\_\_

13. DATE BUSINESS ESTABLISHED: \_\_\_\_\_

14. IS THIS A MINORITY BUSINESS AS DEFINED BELOW:  
 \_\_\_\_ (YES) \_\_\_\_ (NO)

The owners and controllers of the business are minority group persons and/or female individuals;

In the case of a partnership, 51% of the beneficial ownership interests and control are held by minority groups;

Certified by the State of Ohio, regional or local government as a Minority Business Enterprise.

SDB, 8(a) HUBZone Certified by SBA

15. PLEASE STATE, SEX AND RACE OR ETHNIC ORIGIN OF OWNERS:  
 MALE       FEMALE  
  
 BLACK       AMERICAN INDIAN       ALASKAN NATIVE  
 HISPANIC       ASIAN PACIFIC ISLANDER  
 CAUCASIAN       OTHER

16. DESCRIBE THE BUSINESS'S EXISTING ACTIVITIES, PRODUCTS, SERVICES, ETC., INCLUDING THE HISTORY OF THE BUSINESS. DESCRIBE THE CURRENT MARKET, SIZE, INDUSTRY, TRENDS, GROWTH POTENTIAL, ETC.

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17. DESCRIBE WHAT FUNDS WILL BE USED FOR & HOW IT WILL BENEFIT YOUR COMPANY?

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18. ARE THERE ANY AFFILIATES THROUGH OWNERSHIP OR FRANCHISES? IF SO, LIST BELOW AND ATTACH THE PAST THREE YEARS FINANCIAL STATEMENTS OR TAX RETURN FOR EACH AFFILIATE:

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19. CURRENT NUMBER OF EMPLOYEES:  
FULL TIME:\_\_\_\_ PART-TIME:\_\_\_\_ SEASONAL:\_\_\_\_  
FEMALE:\_\_\_\_ MINORITY:\_\_\_\_  
TOTAL ANNUAL PAYROLL \$\_\_\_\_\_

20. IF LOAN IS APPROVED, HOW MANY NEW JOBS WILL BE CREATED IN THREE YEARS.  
Years are individual, not cumulative.

Year 1:	Full Time _____	Part Time _____
Year 2:	Full Time _____	Part Time _____
Year 3:	Full Time _____	Part Time _____

Provide, on an attached sheet, a description of jobs and rate of pay.

21. HAVE YOU EVER FILED BANKRUPTCY?\_\_\_\_\_(YES) \_\_\_\_\_(NO)  
If yes, please furnish details on separate sheet of paper and include with application and bankruptcy papers.

22. EXPLAIN ANY OUTSTANDING FINANCIAL LIABILITIES THE APPLICANT and/or COMPANY HAS WITH THE FEDERAL, STATE, OR LOCAL GOVERNMENTS:

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23. HAVE THE PRINCIPALS BEEN CONVICTED OF ANY CRIMINAL OFFENSES, ON PAROLE OR PROBATION, OR PRESENTLY UNDER INDICTMENT? IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

24. DO YOU HAVE ANY CO-SIGNERS AND/OR GUARANTORS FOR THIS LOAN? IF SO, PLEASE LIST NAMES BELOW AND SUBMIT THEIR AND CURRENT PERSONAL FINANCIAL STATEMENT: \_\_\_\_\_

\_\_\_\_\_

25. ARE YOU OR YOUR BUSINESS INVOLVED IN ANY PENDING LAWSUITS? IF YES, PROVIDE THE DETAILS: \_\_\_\_\_

\_\_\_\_\_

26. WHAT BANK(S) DOES THE BUSINESS OR PRINCIPALS CURRENTLY BANK WITH? NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WILL THIS BE THE BANK YOU CHOOSE TO USE FOR THE INITIATIVE PROGRAM? \_\_\_\_\_

IF NO, PLEASE LIST THE INSTITUTION YOU WILL USE.

\_\_\_\_\_

27. LIST GOVERNMENT AGENCIES WITH WHICH YOUR FIRM IS CURRENTLY CERTIFIED AS A MINORITY BUSINESS ENTERPRISE (IF APPLICABLE):

\_\_\_\_\_

28. LIST AREAS OR TRADES FOR WHICH YOUR FIRM IS CERTIFIED BY A GOVERNMENTAL AGENCY (IF ANY): \_\_\_\_\_

\_\_\_\_\_

29. LIST COLLATERAL TO BE USED FOR PROJECT:

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS <span style="float: right;">(Omit Cents)</span>	LIABILITIES <span style="float: right;">(Omit Cents)</span>
Cash on hands & in Banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account.....\$ _____	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8) \$ _____	Loan on Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobile-Present Value.....\$ _____	Other Liabilities.....\$ _____
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ _____
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
<b>Total</b> \$ _____	<b>Total</b> \$ _____

**Section 1. Source of Income**

Salary.....\$ \_\_\_\_\_

Net Investment Income.....\$ \_\_\_\_\_

Real Estate Income.....\$ \_\_\_\_\_

Other Income (Describe below)\*.....\$ \_\_\_\_\_

**Contingent Liabilities**

As Endorser or Co-Maker.....\$ \_\_\_\_\_

Legal Claims & Judgments.....\$ \_\_\_\_\_

Provision for Federal Income Tax.....\$ \_\_\_\_\_

Other Special Debt.....\$ \_\_\_\_\_

Description of Other Income in Section 1.

\*Alimony or child support payment need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2.**

(Use attachments if necessary. Each attachment must be identified as a part of this statement as signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3.**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4.** List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien terms of payment and if delinquent, describe delinquency.)

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**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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**Section 7. Other Liabilities.** (Describe in detail)

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**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

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I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statement contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have any questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503

SCHEDULE OF DEBT FOR: \_\_\_\_\_

TO WHOM PAYABLE	ORIGINAL AMOUNT	ORIGINAL DATE	PRESENT BALANCE	RATE OF INTEREST	MATURITY DATE	MONTHLY PAYMENT	SECURITY	CURRENT OR PAST DUE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Company Profit & Loss Projection      Year 1

Exhibit D

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
SALES CASH													
CREDIT													
TOTAL SALES													
COST OF SALES													
GROSS PROFIT													
OFFICER SALARY (IES)													
WAGES													
RENT-PROPERTY													
RENT-EQUIPMENT													
AUTO/TRUCK EXPENSES													
OFFICE SUPPLIES													
ADVERTISING													
TELEPHONE & UTILITIES													
BAD DEBTS													
TAXES/LICENSES													
DEPRECIATION													
REPAIRS/MAINTENANCE													
ACCOUNTING/LEGAL													
INSURANCE													
INTEREST													
INTEREST/OTHER													
OFFICE EXPENSES													
ROYALTIES													
MISCELLANEOUS													
OTHER													
<b>TOTAL EXPENSES</b>													
<b>NET PROFIT</b>													

Please attach assumptions to this projection. Indicate seasonally during the year.

10

Signature \_\_\_\_\_

Date \_\_\_\_\_

Company Profit & Loss Projection

Year 2

Exhibit D

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
SALES CASH													
CREDIT													
TOTAL SALES													
COST OF SALES													
GROSS PROFIT													
OFFICER SALARY (IES)													
WAGES													
RENT-PROPERTY													
RENT-EQUIPMENT													
AUTO/TRUCK EXPENSES													
OFFICE SUPPLIES													
ADVERTISING													
TELEPHONE & UTILITIES													
BAD DEBTS													
TAXES/LICENSES													
DEPRECIATION													
REPAIRS/MAINTENANCE													
ACCOUNTING/LEGAL													
INSURANCE													
INTEREST													
INTEREST/OTHER													
OFFICE EXPENSES													
ROYALTIES													
MISCELLANEOUS													
OTHER													
<b>TOTAL EXPENSES</b>													
<b>NET PROFIT</b>													

Please attach assumptions to this projection. Indicate seasonally during the year.

Signature \_\_\_\_\_

Date \_\_\_\_\_

DIVISION OF ECONOMIC DEVELOPMENT FINANCING  
RESUME FORM

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Education \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College/University	Degree/Major	Yr. of Graduation

Employment History

Current Employer's Name \_\_\_\_\_

Address \_\_\_\_\_  
Phone \_\_\_\_\_

Current Annual Salary \_\_\_\_\_ Date of Hire \_\_\_\_\_

Additional Compensation \_\_\_\_\_

Current Function and Title \_\_\_\_\_

Previous Functions with Current Employer \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Function and Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Function and Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Associations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above statements are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **PARTICIPATING BANKS**

### **Chase Bank**

6 Federal Plaza West  
Youngstown, OH 44501  
(330) 742-6901

### **Farmers National Bank**

20 South Broad Street  
P O Box 555  
Canfield, OH 44406  
(330) 533-3341

### **First National Bank**

1 Federal Plaza West  
P O Box 390  
Youngstown, OH 44501  
(330) 747-2135

### **First Place Bank**

8228 E. Market Street  
Warren, OH 44484  
(330) 373-1221

### **Home Savings & Loan Company**

275 Federal Plaza West  
P O Box 1111  
Youngstown, OH 44501  
(330) 742-0500

### **Key Bank**

50 Federal Plaza East  
Youngstown, OH 44503  
(330) 740-7956

### **National City**

20 Federal Plaza  
Youngstown, OH 44503  
(330) 742-4479

### **Huntington Bank**

23 Federal Plaza  
P O Box 479  
Youngstown, OH 44501  
(330) 742-7086

**City of Youngstown**  
**BUILDING DEPARTMENT FEES**  
**FOR COMMERCIAL PROJECTS**  
January 8, 2009

PLAN APPROVAL FEE      \$90.00 Base Fee for projects under 2,250 square feet

For projects over 2,250 square feet, take the building square footage minus 2,250. Divide that number by 100 and multiply by \$2.00 for renovation work or \$4.00 for new construction. Add that sum to the Base Fee for the total Plan Approval Fee.

PLAN APPROVAL FEE      \$45.00  
For Fire Alarm, Fire Suppression System, and Kitchen Hood Plan Reviews

BUILDING PERMIT FEE    \$25.00 Base Fee plus one of the following:

- A.    For projects valued up to \$100,000.00 – Multiply the cost of construction by 0.005.
- B.    For projects over \$100,000.00 – Subtract \$100,000.00 from the cost of construction. Multiply that amount by 0.0025. Add \$500.00.

Add the Base Fee, the computed amount from A or B above, and the Plan Approval Fee together. Multiply that sum by 1.03 for the total Building Permit Fee.

SIGN PERMIT FEE        \$25.00 Base Fee plus one of the following:

- A.    For projects valued up to \$100,000.00 – Multiply the cost of construction by 0.005.
- B.    For projects over \$100,000.00 – Subtract \$100,000.00 from the cost of construction. Multiply that amount by 0.0025. Add \$500.00.

Add the Base Fee and the computed amount from A or B above together. Multiply that sum by 1.03 for the total Sign Permit Fee.

Permit fees are also charged for electrical, mechanical, plumbing and refrigeration work. Those fees are based upon the individual project and will be calculated when the permit is obtained.

# CITY OF YOUNGSTOWN

## NEW CONSTRUCTION

### GUIDELINES FOR NEW CONSTRUCTION, ADDITIONS AND RENOVATIONS OF COMMERCIAL STRUCTURES

January 8, 2009

1. If the project is an addition, submit one Site Plan to the Engineering Department (330.742.8800) and one to the Zoning Department (330.742.8842). For new construction, submit one Site Plan to the Engineering Department, one to the Zoning Department, and one Site Plan and a completed Commercial Water Tap Application to the Youngstown Water Department. (330.743.5346) If the water tap will be located in the roadway, also submit a copy of the road cut permit that will be issued by the Engineering Department.

Site Plans shall be drawn to scale and include the following information:

- a. New and existing structures, property lines, interior lot lines, distances from lot lines, setback and sideyard dimensions, easements, the nearest streets with curb cuts, street grades, types and sizes of all utility lines, and the elevations of all existing and proposed finished grades.
- b. Stormwater management plan and calculations and erosion control measures, prepared in accordance with Mahoning County Drainage and Erosion and Stormwater Control Manual.

Upon approval, you will receive written notice from the Engineering Department and a Zoning Permit from the Zoning Department.

2. Zoning approval and a Zoning Permit must also be obtained for **all** building renovations.
3. For existing buildings with existing water service, new occupants must bring plumbing into compliance with Water Department regulations.
4. If a new structure or addition is being built on two or more lots, the property must be re-platted by a registered surveyor retained by the property owner. The re-plat must be submitted to the City Planning Commission for approval. (330.742.8842)
5. To obtain an address for a new structure, contact the City of Youngstown Engineering Department. (330.742.8800)
6. Once a Zoning Permit is obtained, submit three sets of contract documents, prepared by an Ohio registered architect or engineer, to the City of Youngstown Building Department, Youngstown City Hall, 5<sup>th</sup> Floor. (330.742.8890) Submit a copy of your Zoning Permit, and a completed Application for Plan Approval. Upon approval, you will be contacted to obtain your Addendum Letter, Certificate of Plan Approval, and Final Inspection Report. Separate permits must be obtained for all general construction, plumbing, mechanical, electrical and refrigeration work. If plans are not approved, you will receive an Adjudication Order citing the code violations and outlining the resubmission and appeal processes.
7. Submit one set of contract documents to the City of Youngstown Fire Inspection Department, Main Station #1, 420 Martin Luther King, Jr. Boulevard. (330.747.7403) Make this submission at the same time as the submission to the Building Department.

8. If drawing submittal is not required (for minor renovations when waived by the Building Department), you still must obtain a general building permit and a Final Inspection Report. When work is complete, follow Step #13 below.
9. If the project includes any type of industrial manufacturing, production, or processes:
  - a. The project must be evaluated by the Wastewater Industrial Pretreatment Department (330.742.8820) for any applicable Federal EPA or Local Pretreatment Regulations.
  - b. If required, complete an Industrial Wastewater Questionnaire.
  - c. After review of the Questionnaire, a determination will be made as to whether an Industrial Wastewater Discharge Permit is needed.
10. If the project includes a kitchen or food preparation areas:
  - a. Submit one set of plumbing drawings and kitchen equipment plan to the City of Youngstown Health Department, 345 Oak Hill Avenue. (330.743.3333)
  - b. Submit three sets of kitchen hood and hood suppression system drawings to the City of Youngstown Building Department. Submissions must include a completed Application for Plan Approval.
  - c. Submit one set of kitchen hood and hood suppression system drawings to the City of Youngstown Fire Inspection Department.
11. If the project includes a fire suppression and/or fire alarm system, permits will be required:
  - a. Submit three sets of fire suppression system and/or fire alarm system drawings to the City of Youngstown Building Department.
  - b. Submit one set of fire suppression system and/or fire alarm system drawings to the City of Youngstown Fire Inspection Department.
  - c. Submit a site plan and riser diagram for fire suppression systems to the City of Youngstown Water Department.
12. If the project includes a new sign, a permit must be obtained. Contact the Building Inspector at 330.742.8894.
13. Contact inspectors at the phone numbers listed on the Final Inspection Report to perform required partial and final building inspections. Once all signatures are obtained, return Final Inspection Report to the City of Youngstown Zoning Department to obtain the Certificate of Occupancy.

Note: All plumbing, mechanical, refrigeration and electrical work shall be performed by State licensed and City of Youngstown registered tradespeople.

**City of Youngstown**  
**EXISTING COMMERCIAL STRUCTURES**

**GUIDELINES FOR OCCUPANCY**  
**January 8, 2009**

1. Contact the Zoning Department, Youngstown City Hall, 6<sup>th</sup> Floor. (330.742.8842) The existing Zoning and Use of the structure will be determined and the proposed new use will either be approved or denied based upon the City of Youngstown Zoning Ordinance. If approved, obtain a Zoning Permit.
2. Once a Zoning Permit is obtained, contact the City of Youngstown Building Department, Youngstown City Hall, 5<sup>th</sup> Floor. (330.742.8890) You must schedule a preliminary building inspection with the Chief Enforcement Officer.
3. Contact the City of Youngstown Fire Inspection Department, Main Station #1, 420 Martin Luther King, Jr. Boulevard (330.747.7403), to schedule a preliminary building safety inspection.
4. If the new use includes any type of industrial manufacturing, production or processes, contact the Industrial Pretreatment Department for any applicable EPA or local pretreatment regulations. (330.742.8820)
5. New occupants of existing buildings with existing water service must submit a water tap application along with tap and meter fees. Call the Water Department for further information. (330.743.5346)
6. If building renovations are determined to be required by the inspectors, you must then follow the Guidelines for New Construction, Additions and Renovations. These guidelines are available at the Building Department.
7. If renovations are not required, you will be given written approval to proceed from the Building Department and the Fire Inspection Department. Take the Zoning Permit to the Building Department to obtain a general Building Permit. At this time you will also receive a Final Inspection Report.
8. When ready to occupy the building, contact inspectors at the phone numbers listed on the Final Inspection Report to perform final building inspections. Once all signatures are obtained, return the Final Inspection Report to the City of Youngstown Zoning Department to obtain the Certificate of Occupancy.

**NOTE:**

All plumbing, mechanical, refrigeration and electrical work shall be performed by State licensed and City of Youngstown registered tradespeople.

# **CITY OF YOUNGSTOWN DEPARTMENT HEAD LISTING**

## **BOARD OF HEALTH**

330.743.3333

Food Service Inspections

## **BUILDING DEPARTMENT**

330.742.8890

Plans Examiner/Chief Building Official

Brenda Williams 330.742.8808

Chief Enforcement Officer/Inspector

Tony DeNicholas 330.742.8894

330.503.3022

Permit Technician

Lorraine Caldwell 330.742.8890

## **CENTRAL INSPECTION BUREAU**

### **ELECTRICAL INSPECTION**

330.744.5238

Inspector

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**MAHONING COUNTY BOARD OF HEALTH**

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John Casciano

Superintendent of Yards and Meters

Mike McNinch 330.743.5346