

# City of Warrensville Heights

## Building Department

19700 Miles Road

Warrensville Heights, Ohio 44128

Phone 216-587-1230 • Fax 216-587-1257

License # \_\_\_\_\_

Revised 1/2017

### APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY

Application Date \_\_\_\_\_

Property Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

New Structure  Alteration  Change of Owner  Change of Tenant  Pre-Existing Condition (No Change)

Temporary Occupancy Permit  No  Yes – Requested time period: \_\_\_\_\_

#### Use Groups:

Primary: \_\_\_\_\_ Occupancy Description: \_\_\_\_\_

Accessory: \_\_\_\_\_ Occupancy Description: \_\_\_\_\_

Accessory: \_\_\_\_\_ Occupancy Description: \_\_\_\_\_

Mixed Uses: \_\_\_\_\_ Occupancy Description: \_\_\_\_\_

(For multiple uses within a building, attach floor plan indicating location, size, and occupancy load for each separate use)

#### Building Information:

Construction Type: \_\_\_\_\_ Number of Units in Building: \_\_\_\_\_

Size of Building: Square feet: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

#### Fire Sprinkler Systems:

N/A  Required  Non-Required

System Type: \_\_\_\_\_ Location: \_\_\_\_\_

Hazard Classification: \_\_\_\_\_

Storage Height: \_\_\_\_\_ Aisle Width: \_\_\_\_\_

Sprinkler System Demand @ base of riser: \_\_\_\_\_

Standpipe System Demand @ base of riser: \_\_\_\_\_

**Tenant Information:**

Business Name (Tenant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Use Group(s): \_\_\_\_\_

Projected Opening Date: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Type of Ownership:     Corporation     Individual     Joint Venture     Partnership     Sole Proprietor

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Authorized Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Officer Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Size of Tenant Space:    Square feet: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Number of units to occupy: \_\_\_\_\_

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**Point of Sale Information:**

Seller: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Real Estate Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Title Company: \_\_\_\_\_

Escrow Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

FEE: \$200.00 for 1<sup>st</sup> unit + \$90.00 for each additional unit      Receipt # \_\_\_\_\_

**NOTE: All fees should be paid in the form of a company check, certified check, bank card or money order.  
We do not accept cash or personal checks.**

**Each and every tenant within the building must obtain a separate permit before occupying the space.**

