

City of Warrensville Heights

Building Department

4743 Richmond Road
Warrensville Heights, Ohio 44128
Phone 216-587-1230 • Fax 216-587-1257

License # _____

Revised 01/17/2023

APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY

Application Date _____

Property Address: _____ Suite #: _____

Property Owner: _____ Phone: _____ Email/ 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: _____ Email/ Fax: _____

Business Owner: _____ Phone: _____ Email/ Fax: _____

Owner Address: _____ City/State/Zip: _____

Authorized Officer: _____ Title: _____

Officer Phone: _____ Email/Fax: _____

Officer Address: _____ City/State/Zip: _____

Size of Tenant Space: Square feet: _____ Length: _____ Width: _____ Height: _____

Number of units to occupy: _____

Number of Employees: _____

Point of Sale Information:

Seller: _____ Phone: _____ Email/ Fax: _____

Mailing Address: _____ City/State/Zip: _____

Buyer: _____ Phone: _____ Email/ Fax: _____

Mailing Address: _____ City/State/Zip: _____

Real Estate Company: _____

Agent: _____ Phone: _____ Email/ Fax: _____

Mailing Address: _____ City/State/Zip: _____

Title Company: _____

Escrow Officer: _____ Phone: _____ Email/ Fax: _____

Mailing Address: _____ City/State/Zip: _____

Applicant: _____ Phone: _____ Email/ Fax: _____

Applicant Address: _____ City/State/Zip: _____

Applicant's Signature

FEE: \$200.00-Single Tenant Bldg./ \$90.00 Multi Tenant Bldg. 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.