

City of Warrensville Heights

Building Department

19700 Miles Road

Warrensville Heights, Ohio 44128

Phone 216-587-1230 • Fax 216-587-1257

APPLICATION FOR NEW COMMERCIAL TENANT INSPECTION

Application Date _____

Address of Building: _____ Suite #: _____

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: _____

Applicant: _____ Phone: _____ Fax: _____

Applicant Address: _____ City/State/Zip: _____

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

Number of units to occupy: _____

Fire rating of division walls: _____ hrs.

Automatic sprinklers: yes no _____

Fire Alarm: yes no _____ Applicant's Signature

FEE: \$90.00 per unit _____

Receipt # _____

NOTE: Applicant must contact the Building Department and Fire Department for inspections prior to a permit being issued.