

City of Warrensville Heights

Building Department

19700 Miles Road

Warrensville Heights, Ohio 44128

Phone 216-587-1230 • Fax 216-587-1257



APPLICATION FOR COMMERCIAL POINT OF SALE INSPECTION

Application Date _____

Address of Building: _____

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: _____

Size of Building: Square feet: _____ Length: _____ Width: _____ Height: _____

Number of units in building: _____

Fire rating of division walls: _____ hrs.

Automatic sprinklers: yes no

Fire Alarm: yes no

Applicant (Please Print Name)

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.