City of Warrensville Heights
Building Department
19700 Miles Road
Warrensville Heights, Ohio 44128
Phone 216-587-1230 • Fax 216-587-1257

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: _______

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: ____________________________________________
Applicant: ____________________________________________ Phone: ___________________________ Fax: ___________________________
Applicant Address: ____________________________________________ City/State/Zip: ____________________________________________

Applicant’s Signature

FEE: $200.00 for 1st unit + $90.00 for each additional unit

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.