



Cleveland Heights Building Department
40 Severance Circle
Cleveland Heights, OH 44118
216-291-4900 / FAX 291-4421



Application for New - CERTIFICATE OF BUSINESS OPERATION/OCCUPANCY 20__

PLEASE COMPLETE THIS APPLICATION and return it with R.I.T.A. FORM and PLANNING REVIEW

Make checks payable to city of Cleveland Heights. Fee: \$100.00

Per Chapter 1367 of the Business Maintenance Code of the City of Cleveland Heights

Business Name _____

Business Address _____

*FORMER USE of Business Space (REQUIRED INFORMATION) _____

*CURRENT USE of Business Space (REQUIRED INFORMATION) PLEASE PRINT - Be specific as to the nature of the business

Business Owner Information:

Name _____ Company Name _____

Address _____
(ADDRESS) (CITY) (STATE) (ZIP)

Emergency Phone # () _____ - _____ Business Phone # () _____ - _____ Fax # () _____ - _____

Email _____ Number of Employees - Full Time _____ Part Time _____

Building Owner Information:

Name _____ Company Name _____

Address _____
(ADDRESS) (CITY) (STATE) (ZIP)

Phone # () _____ - _____ Email _____

**NOTE: YOU ARE REQUIRED TO SCHEDULE AN INSPECTION OF THE ABOVE PREMISES.
PLEASE CONTACT THE INSPECTION OFFICE AT 216-291-5900 TO SET UP THIS INSPECTION.**

I (WE) DECLARE THAT THIS APPLICATION HAS BEEN EXAMINED BY ME (US) AND IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE.

SIGNATURE(S) OF BUSINESS OWNER(S) x _____ PRINT NAME x _____

SIGNATURE(S) OF BUSINESS OWNER(S) x _____ PRINT NAME x _____

DATE RECEIVED _____ AMOUNT _____ RECEIVED BY _____ CASH _____ CHECK NO. _____ CREDIT CARD _____

PLANNING REVIEW BY _____ DATE _____ CONDITIONS _____

MAINTENANCE INSPECTION APPROVAL _____ DATE _____ NOTES _____

CHIEF BUILDING OFFICIAL APPROVAL _____ DATE _____ TYPE OF USE _____

OCCUPANT LOAD _____ CONDITIONS _____

MAINTENANCE INSPECTION DATE

TIME

INSPECTOR