



APPLICATION FOR CHANGE IN USE OR OCCUPANCY

Date: _____

I, _____, as authorized agent for

Print Name

_____, hereby request inspections to be

(Name of New Business)

conducted for a "Change in Use or Occupancy" at:

1. Location: _____
2. **Square Footage of space:** _____ **Use Group:** _____ **Construction Type:** _____
3. Nature of business: _____ Number of Employees: _____
4. Owner Name: _____ Tel: _____
5. Owner Email: _____
6. Owner Mailing Address: _____
7. City/State/Zip: _____
8. Previous occupancy of building: _____ Occp. Load: _____
9. What, if any hazardous materials are utilized in your business: _____
10. How many parking spaces are provided for your use: _____

Fee for inspection: **\$95.00 Total –Discover, MasterCard, Visa, Cash/Check payable to:
City of Garfield Heights**

Approved By: _____
Building Commissioner

A Fully-Dimensioned Floor Plan including Furnishings and Fixtures must be submitted with the application

A fee of \$35.00 shall be charged for re-inspections due to non-approved materials or incomplete work at the time the regular inspection is called

**GARFIELD HEIGHTS FIRE DEPARTMENT
FIRE PREVENTION BUREAU**

CHANGE OF OCCUPANCY

Date:	
Occupant Address:	
Former Occupant's Business Name:	
New Occupant's Business Name:	
Phone:	
Type of Business:	
New Occupant's Business Owner:	
Name:	
Address:	
Phone:	
Building Owner:	
Name:	
Address:	
Phone:	
Emergency Contact Numbers:	
Name:	
Phone:	
Name:	
Phone:	

**GARFIELD HEIGHTS BUSINESS
POLICE DEPARTMENT EMERGENCY DIRECTORY INFORMATION**

Please print or type

Business Name: _____

Address Number: _____ Street: _____

Garfield Heights, Ohio Zip: _____

Phone #1: _____ Phone #2: _____

Business Owner, Last Name: _____ First: _____ MI: _____ Title: _____

Owner Address: _____ Phone: _____

City/State/Zip: _____

Alarm Company: _____ Phone: _____

Type of Business: _____ Haz-Mat Code: _____

EMERGENCY NOTIFICATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ Phone: _____

City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Phone: _____

City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Phone: _____

City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Phone: _____

City/State/Zip: _____

Date Completed: _____ Completed by: _____

MISCELLANEOUS INFORMATION