

# City of Garfield Heights Building Department

5407 Turney Rd.  
Garfield Heights, Ohio 44125  
Voice: (216) 475-3835 Fax: (216) 475-6081  
Hours: 8:00am – 4:00 pm



## Application for new Commercial Building, Addition or Alteration

Address of Proposed Building \_\_\_\_\_ Perm. Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Value Of Job \$ \_\_\_\_\_ Proposed Use \_\_\_\_\_

Number of Stories/ Units \_\_\_\_\_ Size of Building or Addition \_\_\_\_\_

Lot Dimensions \_\_\_\_\_ x \_\_\_\_\_ Lot Area \_\_\_\_\_ sq. ft. \_\_\_\_\_ acre

Building Square Footage	
Floor 1	_____
Floor 2	_____
Floor 3	_____
Floor 4	_____
Floor 5	_____
Total	_____

Paving Square Footage	
Sidewalks	_____
Driveways & Parking lots	_____
Total Paving	_____

### OBC Data

Code Edition \_\_\_\_\_

Construction Type \_\_\_\_\_

Use Group \_\_\_\_\_

Occupant Load \_\_\_\_\_

Parking Spaces Reg \_\_\_\_\_ ADA \_\_\_\_\_

### Submit 4 Sets of Sealed

(embossed) Drawings

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with City and State laws regulating construction.

\_\_\_\_\_  
Signature of Applicant

Contractor _____	
Address _____	
_____	
Phone _____	Fax _____
Cell Phone _____	Email _____

Property/Business Owner _____	
Address _____	
_____	
Phone _____	Fax _____
Cell Phone _____	Email _____