

CITY OF
CLEVELAND
HEIGHTS 
 BUILDING DEPARTMENT
 40 Severance Circle
 Cleveland Heights, OH 44118
 (216)291-4900

CERTIFICATE OF BUSINESS OCCUPANCY "NEW"

20_____

PLEASE SUPPLY THE INFORMATION REQUESTED BELOW BEFORE RETURNING THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. MAKE CHECKS PAYABLE TO CITY OF CLEVELAND HEIGHTS. FEE: \$100.00

NAME OF BUSINESS: _____ ADDRESS OF BUSINESS: _____

BUS.OWNER'S NAME: _____ COMPANY NAME: _____

BUS. OWNER'S HOME ADDR: _____
(address) (city) (state) (zip)

HOME TELEPHONE _____ BUSINESS PHONE _____

BUILDING OWNER'S NAME: _____ COMPANY NAME: _____

BUILDING OWNER'S ADDR: _____
(address) (city) (state) (zip)

BUSINESS PHONE _____ BUSINESS OWNER E-MAIL ADDRESS: _____

**FORMER USE OF SPACE (REQUIRED INFO.)* _____

PLEASE DESCRIBE IN DETAIL THE USE OF BUSINESS (REQUIRED INFO.). PLEASE PRINT.

BE SPECIFIC: _____

Chapter 1367 of the Business Maintenance Code of the City of Cleveland Heights requires the occupant of any building or portion thereof which is used for "business" purposes to annually apply for a Certificate of Business Occupancy. The term "business" means all uses or occupancies other than residential. **Individuals failing to apply for a Certificate of Business Occupancy may be subject to legal action.**

NOTICE

The Building Commissioner shall have the power to revoke a Certificate of Business Occupancy if any false statement is made by the applicant in connection with the issuance of such certificate, or for noncompliance of a structure or its use with the requirements of the Codified Ordinances, or if the owner, agent or person in charge of a structure shall refuse to comply with any applicable provisions of the Codified Ordinances.

NOTE: YOU ARE REQUIRED TO SCHEDULE AN INSPECTION OF THE ABOVE PREMISES AS SOON AS POSSIBLE. 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) _____ PRINT NAME _____

DATE RECEIVED _____ AMOUNT _____ RECEIVED BY _____

CASH _____ CHECK NO. _____

MAINTENANCE INSPECTION APPROVAL _____ CHIEF BUILDING OFFICIAL APPROVAL _____

USE BY CBO _____

rf(1/14) _____ CONDITIONS _____