



Nino Monaco, Building Commissioner

345 Tuxedo Avenue Brooklyn Heights, Ohio 44131 ♦ Office: (216) 749-4300 ♦ Fax: (216) 741-3753

**COMMERCIAL REQUEST FOR CERTIFICATE OF OCCUPANCY**

**FEE: \$100 + 3% State Fee**

I request a certificate of occupancy for the following business: (please print in ink or type) Check # \_\_\_\_\_ Date \_\_\_\_\_

**ADDRESS OF BUILDING TO BE OCCUPIED:** \_\_\_\_\_

Name of Business: \_\_\_\_\_ New Business Phone #: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Size of Building or Unit being occupied \_\_\_\_\_ Sq. Ft.

Use Group: \_\_\_\_\_ Email: \_\_\_\_\_

Please select one of the following:

A new occupant.....date business opened or will open \_\_\_\_\_

A new owner of an existing business.....date business was acquired \_\_\_\_\_

**BUSINESS OWNER**

Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Personnel:

\_\_\_\_\_  
(Name) (Title) (Phone)

\_\_\_\_\_  
(Name) (Title) (Phone)

Number of Employees \_\_\_\_\_ Occupant Load \_\_\_\_\_

**BUILDING OWNER**

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Phone \_\_\_\_\_

Describe the nature of your business \_\_\_\_\_

Name & Title of person filling out this form \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_