



Office Use	No. _____
	Date Received: _____
	Period: _____

**APPLICATION FOR NEW AND BIENNIAL COMMERCIAL OCCUPANCY PERMIT**

- New: Commercial Occupancy Permit (FEE: \$100)**
- Renewal: Biennial Commercial Occupancy Permit (Permits expire on Dec. 31 of odd numbered years)**
  - Submitted prior to permit expiration date **(FEE: \$100)**
  - Submitted after permit expiration date **(FEE: \$125)**

Required by Ordinance No. 05-142, Code Section 1317.02 *Make checks payable to City of Shaker Heights or pay with a credit card over the phone by calling 216-491-1460. Non-refundable.*

1. Property Address (include street no. & suite no.): \_\_\_\_\_

2. Business Occupant:

Name of Owner: \_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_

Address and Suite #: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_ (Or Soc. Sec. No.) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(This information is necessary for tax purposes.)

3. Property Owner: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Agent in Charge (must reside in Cuyahoga County):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5. Person, Firm, or agent who will be in charge of the structure and responsible for maintenance or repair of the structure:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

6. Is this a new business or, since the issuance of the last Commercial Occupancy Permit, has there been a significant change in the nature of the business, use of the space, or change in owner/operator?  YES  NO (IF "NO", skip to Item 14.)

7. Type of business: \_\_\_\_\_

8. Proposed usage and hours of operation: \_\_\_\_\_





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9. Number of employees (including owner or manager): \_\_\_\_\_

10. Estimate of peak # of users (e.g., visitors/customers): \_\_\_\_\_ Time when peak would usually take place: \_\_\_\_\_

11. Please include the following:

- Floor plan showing the location of furniture and merchandise
- Sketch showing number and placement of parking spaces to be made available to prospective occupant

12. Reason for change of occupancy (check block and initial):

- Sale: \_\_\_\_\_
- Lease: \_\_\_\_\_
- Rental: \_\_\_\_\_
- Change of Use: \_\_\_\_\_

13. Date that Board of Zoning Appeals approved (if applicable) \_\_\_\_\_

14. INSPECTION: Please indicate your preference:

- Call \_\_\_\_\_ (name) \_\_\_\_\_ (phone) - \_\_\_\_\_ to schedule the inspection
- Have an inspector stop by to perform the inspection anytime during the normal business hours  
of: \_\_\_\_\_

15. Pursuant to Shaker Heights Ordinance Section 1317.01 this building may not be occupied until the occupancy is approved.

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail or Submit to:

The City of Shaker Heights  
Building Department  
3400 Lee Road  
Shaker Heights, OH 44120

\_\_\_\_\_  
(This Space for Planning Department Use Only)

\_\_\_\_\_  
(This Space for Building Department Only)