



# Occupancy Permit Application

To open a new business, relocate, or change tenancy of an existing business, a Certificate of Occupancy is required. To obtain this Certificate the following information is needed:

1. The address of the building you intend to occupy
2. The name, address, business phone, and contact phone number of the building's owner
3. The name of your business
4. The name, address, business phone, and contact phone number of the new business owner; federal ID or Social Security # if applicable
5. Details about the business including; number of employees, the hours of operation, and description of merchandise to be sold and/or services offered
6. Details of any remodeling or work done to the business location
7. The applicant name and signature
8. A floor plan of the unit you intend to occupy showing all equipment and materials pertinent to your occupancy (drawn to scale); and
- 9. A \$75.00 inspection fee**

This information will be used to determine compliance with building, zoning, and other applicable codes. PLEASE BE ACCURATE. Incomplete or improper data could delay your application. You will also be advised, by the Building Department personnel, of the procedure to follow in the event an exception is required.

**You must call to schedule an inspection for occupancy  
440-356-4405**



# Occupancy Permit Application

Location Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Type of Use:  Commercial  Retail  Other: \_\_\_\_\_  
Property Owner's Name: \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Tenant's Name: \_\_\_\_\_  
Tenant's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are you a:  Corporation  Sole Proprietor  Partnership  LLC  Other: \_\_\_\_\_  
Federal ID or Social Security Number: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
Merchandise or Service to be sold: \_\_\_\_\_  
Is building presently occupied?  Yes  No, if so, by whom \_\_\_\_\_  
Sq. footage of tenant space: \_\_\_\_\_ Parking spaces: \_\_\_\_\_  
Sign Location: \_\_\_\_\_ Size: \_\_\_\_\_  
Remodeling Anticipated?  Yes  No, if so will the work be interior work: \_\_\_\_\_ or exterior work: \_\_\_\_\_  
Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating/Air: \_\_\_\_\_  
Estimated Cost if remodeling: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

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

Return to: City of Fairview Park  
Building Department 440-356-4405  
20777 Lorain Rd.  
Fairview Park, OH 44126

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Occupancy Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Permits needed - Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_ Construction Type \_\_\_\_\_

Additional Comments: \_\_\_\_\_