

City of Garfield Heights Building Department

5407 Turney Rd.

Garfield Heights, Ohio 44125

Voice: (216) 475-3835 Fax: (216) 475-6081



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 _____

ADA Parking Spaces _____

Submit 4 Sets of Sealed (embossed) Drawings Description of Work:

| | |
|------------------------|-------------|
| Contractor _____ | |
| Address _____ _____ | |
| Phone _____ | Fax _____ |
| Cell Phone _____ | Pager _____ |

| | |
|-------------------------------|-------------|
| Property/Business Owner _____ | |
| Address _____ _____ | |
| Phone _____ | Fax _____ |
| Cell Phone _____ | Pager _____ |

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