

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 Reg _____ ADA _____

Contractor _____	
Address _____	

Phone _____	Fax _____
Cell Phone _____	Pager _____

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

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