



The City of Garfield Heights

Building Department

APPLICATION FOR CHANGE IN USE OR OCCUPANCY

Date: _____

I, _____, authorized agent for the

_____, hereby request inspections to be
(Name of New Business)
conducted for a "change in use or occupancy" at

1. Location: _____
2. Square Footage of space: _____ Use Group: _____
3. Nature of business: _____
4. Owner Name: _____ Tel: _____
5. Owner Mailing Address: _____
6. City/State/Zip: _____
7. Previous occupancy of building: _____
8. What, if any hazards are involved: _____

Fees for inspections: \$5.00 Plumbing inspection
 \$5.00 Mechanical inspection
 \$5.00 Electrical inspection
 \$5.00 Fire Department inspection
 \$75.00 Occupancy Permit
 \$95.00 Total –Discover, MasterCard, Visa, Cash/Check payable to:
 City of Garfield Heights

Approved By: _____
Building Commissioner

A Fully Dimensioned floor plan must be submitted with the application

A fee of \$35.00 shall be charged for re-inspections due to non-approved materials or incomplete work at the time the regular inspection is called

Amended 03.05.2018
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**GARFIELD HEIGHTS FIRE DEPARTMENT
FIRE PREVENTION BUREAU**

CHANGE OF OCCUPANCY

Date:	
Occupant Address:	
Former Occupant's Business Name:	
New Occupant's Business Name:	
Phone:	
Type of Business:	
New Occupant's Business Owner:	
Name:	
Address:	
Phone:	
Building Owner:	
Name:	
Address:	
Phone:	
Emergency Contact Numbers:	
Name:	
Phone:	
Name:	
Phone:	

GARFIELD HEIGHTS BUSINESS
POLICE DEPARTMENT EMERGENCY DIRECTORY INFORMATION

Please print or type

Business Name: _____
Address Number: _____ Street: _____
Garfield Heights, Ohio Zip: _____
Phone #1: _____ Phone #2: _____

Business Owner, Last Name: _____ First: _____ MI: _____ Title: _____
Owner Address: _____ Phone: _____
City/State/Zip: _____

Alarm Company: _____ Phone: _____
Type of Business: _____ Haz-Mat Code: _____

EMERGENCY NOTIFICATION

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Last Name: _____ First Name: _____ MI: _____
Address: _____ Phone: _____
City/State/Zip: _____

Date Completed: _____ Completed by: _____

MISCELLANEOUS INFORMATION