

COMMERICAL BUILDING PERMIT APPLICATION

**CITY OF RICHMOND HEIGHTS
DEPARTMENT OF BUILDING ZONING AND HOUSING
26789 HIGHLAND ROAD, RICHMOND HEIGHTS, OHIO 44143
216.383.6312 FAX 216.383.6319**

LOCATION OF PROJECT _____

BUSINESS NAME _____ PHONE NO. _____

CITY, STATE, ZIP CODE _____

CONTRACTOR 'S CO. NAME _____ PHONE NO. _____

DESCRIPTION OF WORK _____

NEW CONSTRUCTION ADDITION ALTERATION CHANGE OF USE ARTICLE 32

TYPE OF CONSTRUCTION (CHECK ONE)

1 A 1 B
2 A 2 B 2 C
3 A 3 B
4
5 A 5 B

PROPOSED USE GROUP (CHECK ONE)

A 1 A 2 A 3 A 4 A 5
B E F 1 F 2
H 1 H 2 H 3 H 4
I 1 I 2 I 3 M
R 1 R 2 R 3 R 4
S 1 S 2 U

WILL THIS BUILDING BE EQUIPPED WITH FIRE PROTECTION EQUIPMENT? YES NO

STATE OF OHIO REGISTRATION (PROVIDE REGISTRATION NUMBER)

ARCHITECT _____ ENGINEER _____ SPRINKLER SYSTEM DESIGNER _____ OTHER _____

NAME OF FIRM _____ PHONE _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER _____ **COST OF WORK COST BY THIS APPLICATION \$ _____**

SQUARE FOOT PER FLOOR (OF PROJECT AREA) _____

Re-inspection of work done pursuant to a permit or work performed to correct violations: \$100.00 for each Re-inspection. The City shall also be reimbursed by the property owner for the cost of any professional consultant used by the City to inspect work.

APPLICANT (SIGNATURE) _____ (DATE) _____

APPLICANT (PRINT NAME) _____

A.R.B. PROJECT NUMBER _____ **APPLICATION NUMBER** _____