

COMMERCIAL 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

APPLICATION DATE: _____ REGISTRATION YEAR: _____

LOCATION OF PROJECT: _____

BUILDING OWNER'S NAME: _____

BUSINESS NAME: _____ PHONE NO: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTRACTOR'S CO. NAME: _____ PHONE NO: _____

DESCRIPTION OF WORK: _____

NATURE OF PROJECT (CHECK ONE)

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

AUTHOR OF PLANS: _____

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: _____

SQUARE FOOT PER FLOOR (OF EFFECTED AREA)

TOTAL _____

**COST OF WORK COVERED
BY THIS APPLICATION \$ _____**

TOTAL FEES: \$ _____

APPLICANT (SIGNATURE) _____ (DATE) _____

APPLICANT (PRINT NAME) _____

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