



**THE CITY OF MAYFIELD HEIGHTS
BUILDING DEPARTMENT**
6154 Mayfield Road ~ Mayfield Heights, OH 44124
Phone: 440-442-2107 Fax: 440-442-7662

REQUEST FOR COMMERCIAL CERTIFICATE OF OCCUPANCY Fee: \$50.00

| | | |
|---|--|-----------|
| ADDRESS OF NEW BUSINESS: | | SUITE NO: |
| NAME OF BUSINESS: | | |
| PHONE # OF <i>NEW BUSINESS</i> (*required): | | |
| NAME OF SHOPPING CENTER/BUILDING: | | |
| PRESENT ZONING: | SIZE OF BUILDING OR UNIT BEING OCCUPIED: | SQ. FT. |

Please select one of the following:

| | | |
|--------------------------|--|------------------------------------|
| <input type="checkbox"/> | A new occupant. | Date business opened or will open: |
| <input type="checkbox"/> | A new owner of an existing business - same business name. (no new certificate required. Must update business & emergency info.) | Date business was acquired: |
| <input type="checkbox"/> | A new owner of an existing business - business name being changed. | Date business was acquired: |

| | |
|-----------------------|--------|
| BUSINESS OWNER: | |
| CONTACT PERSON: | |
| OTHER CONTACT PERSON: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | PHONE: |
| EMAIL ADDRESS: | |

| | |
|-------------------|--------|
| PROPERTY OWNER: | |
| CONTACT PERSON: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | PHONE: |
| EMAIL ADDRESS: | |

| |
|---|
| Describe the nature of the business that will be conducted at this address: |
| |

NOTE: Video surveillance systems are required. For more information contact the Mayfield Heights Police Department 440-442-2323.

NOTE: The sale of second-hand merchandise requires a permit from the Mayfield Heights Police Department 440-442-2323.

* An emergency contact information form must accompany this application.

Name & Title of Person Filling out This Form: (please print) _____

Phone # _____ Date _____

Certificate of Occupancy # _____ Date Issued _____



Mayfield Heights Police Department



Anthony DiCicco
Mayor/Safety Director

Bank Contacts (Law enforcement purposes only)

Fred W. Bittner
Chief of Police

Business Name: _____

Address: _____ Suite: _____ Mayfield Heights, OH 44124

Business Phone #1: _____ Business Phone #2: _____

Non-automated / direct line: _____

Business Owner Name: _____

Business Owner Phone: _____

Company Email: _____

A valid email that can be used for future correspondence.

Alarm Company Name: _____

Alarm Company Phone: _____

This company monitors: _____ Police _____ Fire _____ Other

Emergency / after hours Contact #1:

Name: _____ Phone: _____

Position: _____

Date of Birth: _____

Email: _____

Would be able to respond with keys: _____ YES _____ NO

Emergency / after hours Contact #2:

Name: _____ Phone: _____

Position: _____

Date of Birth: _____

Email: _____

Would be able to respond with keys: _____ YES _____ NO



Mayfield Heights Police Department



Anthony DiCicco
Mayor/Safety Director

Bank Contacts (Law enforcement purposes only)

Fred W. Bittner
Chief of Police

Business Name: _____

Emergency / after hours Contact #3:

Name: _____ Phone: _____

Position: _____

Date of Birth: _____

Email: _____

Would be able to respond with keys: _____ YES _____ NO

Maintenance Supervisor: _____

Phone: _____ After Hours Phone: _____

Key code entry: _____

Lock Box / Knox Box Location: _____

Do you have cameras? _____ Interior _____ Exterior _____ None

Interior Layout Attached: _____ YES _____ NO

LOCATION OF AED: _____

Any Hazardous / Flammable Items AND Location: _____

Additional Information: _____
