FEE FOR INSPECTION -- $75.00

DATE PAID: _____

CN: _____

BUILDING DEPARTMENT

12650 DETROIT AVENUE • LAKEWOOD, OHIO 44107 • 216/529-6270 • FAX 216/529-5930

REQUEST FOR CERTIFICATE OF OCCUPANCY

ADDRESS OF PROPERTY TO BE INSPECTED : _____

INSPECTION REQUESTED BY AGENT/OWNER: _____
SIGNATURE

PROPERTY OWNER OR AGENT: **(CIRCLE ONE)**

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER (BUS) (CELL) (RES): _____ UNLISTED? YES____ NO____

BUYER OR TENANT: **(CIRCLE ONE)** **DOING BUSINESS AS**: _____:

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER (BUS) (CELL) (RES): _____ UNLISTED? YES____ NO____

EMAIL ADDRESS: _____

BROKER: NAME: _____

ADDRESS: _____

_____

PHONE NUMBER (BUS) (CELL) (RES):_ _____

WHOM DO WE CONTACT FOR ENTRY?

NAME: _____

ADDRESS: _____

PHONE NUMBER (BUS) (CELL) (RES)::_____ UNLISTED? YES____ NO____

WILL THIS PROPERTY BE OWNER OCCUPIED? YES _____ NO _____

ANTICIPATED *TITLE TRANSFER / OPENING* DATE: _____
(***NOTE: INSPECTION REPORTS/CORRECTION NOTICES REQUIRE A MINIMUM OF 10 DAYS TO PROCESS)***

APPROVED FOR INSPECTION BY: _____

DATE OF INSPECTION: _____ **TIME:** _____ **INSPECTOR:** _____

A request for a Certificate of Occupancy for a new and/or change of retail tenancy must be accompanied by a scale drawing of the floor layout and a detailed description of the tenancy.

(COMMERCIAL FORM - REVISED 5/27/2016)