

**FLOOR PLAN WITH
DIMENSIONS REQUIRED
WITH APPLICATION**

**APPLICATION FOR PERMIT TO OCCUPY FEE \$100.00
CITY OF EASTLAKE
35150 LAKESHORE BOULEVARD
EASTLAKE, OHIO 44095
PHONE: 440-951-1416 EXT. 117 FAX: 440-975-4280**

BUSINESS ADDRESS OR PERMANENT PARCEL

BUSINESS NAME/CORPORATION

BUSINESS PHONE

LOT SIZE _____ SIZE OF BUILDING _____

NUMBER OF STORIES _____ INTENDED NO. OF OCCUPANTS _____

PROPERTY OWNER _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE _____

LEASEE/PRESIDENT/MANAGER _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____ PHONE _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE _____

SPECIFIC PURPOSE OF OCCUPANCY (IN DETAIL)

I DO HEREBY CERTIFY THAT THE ABOVE QUESTIONS HAVE BEEN ANSWERED CORRECTLY BY ME AND THAT THE ABOVE MENTIONED PREMISES WILL BE USED ONLY FOR THE PURPOSE STATED ABOVE AND THAT ANY CHANGE IN THE PURPOSE OF OCCUPANCY WILL NOT BE MADE UNTIL A PERMIT IS SERVED FROM THE CITY OF EASTLAKE, AND I DO HEREBY AGREE TO MAINTAIN THE ABOVE PREMISES IN ALL RESPECTS IN COMPLIANCE WITH THE PROVISIONS OF THE ORDINANCES OF THE CITY OF EASTLAKE.

OWNER OR LEASEE

I HEREBY APPROVE THE ABOVE APPLICATION FOR OCCUPANCY:

CHIEF BUILDING OFFICIAL- CITY OF EASTLAKE

FOR OFFICE USE ONLY

TA NO. _____ DATE _____

OCCUPANCY NO. _____ DATE ISSUED _____

ZONED _____ APPROVED BY _____

DISAPPROVED BY _____

SQ.FT. OF HABITABLE FLOOR AREA _____

CONSTRUCTION TYPE _____ USE GROUP _____

LEASING AGENT _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE _____

FIRE DEPARTMENT INFORMATION:

IS BUILDING SPRINKLERED? YES _____ NO _____

IS BUILDING MONITORED? YES _____ NO _____

ALARM CO. NAME _____

ADDRESS _____

PHONE _____