

CITY OF EASTLAKE
 BUILDING DEPARTMENT
 35150 LAKESHORE BLVD., EASTLAKE, OHIO 44095
 Ph. No. 440-951-2200 Ext. 1004
 Email: buildingdept@eastlakeohio.com
 FAX: 440-975-4280

OCCUPANCY PERMIT

DATE: _____

FEE: \$100.00

OFFICE USE ONLY: TA#	APPROVED BY: =====	DISAPPROVED BY: =====	DATE:
		CHIEF BUILDING OFFICIAL	
Construction type:		Use group:	

TYPE OF OCCUPANCY: (check one)

Building: _____
 (or Temporary Structure)

Existing Occupancy: _____
 (New Tenant)

Current use of building: _____

Proposed use of building: _____

Does building have sprinklers: Yes _____ No _____

Total square footage floor area: _____

Intended number of occupants: _____

Number of dedicated parking spaces: _____

ALL OF THE ABOVE **MUST** BE ANSWERED

(Over)

PAGE 2
OCCUPANCY PERMIT

BUSINESS:

Business Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Business Phone: _____

Email: _____

FAX: _____

OWNER:

Property Owner: _____

Phone: _____

Address: _____

City, State, Zip: _____

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, Ohio 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, Ohio.

Owner or Tenant/Lessee: _____
Signature

Date: _____

Approved Application for Occupancy: _____
Chief Building Official

Date: _____