



**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:*

	A new occupant.	Date business opened or will open:
	A new owner of an existing business - same business name. (no new certificate required. Must update business & emergency info.)	Date business was acquired:
	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

## Business 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: \_\_\_\_\_

Would be able to respond with keys: \_\_\_\_\_ YES \_\_\_\_\_ NO

### Emergency / after hours Contact #2:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Would be able to respond with keys: \_\_\_\_\_ YES \_\_\_\_\_ NO

### Emergency / after hours Contact #3:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Would be able to respond with keys: \_\_\_\_\_ YES \_\_\_\_\_ NO



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Chief of Police

**Business Name:** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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