



29885 Euclid Avenue
 Wickliffe, Ohio 44092
 440-943-7140
 Fax 440-943-7144
 www.wickliffefire.org



Application for Occupancy Permit

No City permits shall be issued, no occupancy of a tenant space or premises shall occur, and no site inspections by City officials shall be made, until a completed application for an occupancy has been approved. PERMIT FEE: \$60.00

Parts I through VI shall be completed, signed, and submitted to the Wickliffe Fire Department for review by city departments, which may take up to ten (10) business days.

Part I Applicant Information

Business Name/Corporation (also include dba name)	Property Owner's Name
Business Address (Unit/Suite to be Occupied)	Property Owner's Address
Contact Person	Contact Person
Mailing Address	Mailing Address
Ph. ()	Ph. ()
Email:	Email:

Part II Description of the business operations/use

Nature of previous business at this address (if known):

Name of your new business:

What does your business do and how does it operate? (products, services, etc.). Attach additional information if needed.

Part III Intended Use: _____ Total Square feet to be occupied: _____

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. To provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the fire and building codes. To help us assess what particular laws apply to your business, please *circle* or *check* all that apply.

- | | | | |
|---------------------------|--------------------------|---|------------------|
| ** Aerosols | ** Cryogenic Fluids | ** Flammable/combustible liquids (10 gallons or more) | ** Tire Storage |
| ** Auto-Repair | ** Cutting & Welding | ** Paint Spraying/Dipping | ** LP-Gas |
| ** Carbon Dioxide Systems | ** Dry Cleaning Solvents | ** Food and/or beverage processing, storage or sales | ** Paint Dipping |
| ** Combustible Dust | ** Explosives/Ammunition | ** Organic Coatings | |
| ** Combustible Fibers | ** Hazardous Materials | ** High piled stock (over 12' in height) | |
| ** Compressed Gases | ** Industrial Ovens | ** Magnesium | |

Part IV Employees

Total no. of Employees _____ (full-time _____, part-time _____, seasonal _____)

If multiple shifts, number of employees by shift: 1st: _____ 2nd: _____ 3rd: _____**Part V Tenant Space Alterations**

Are any alterations to the floor plan or structure proposed? Yes/No Examples include adding, removing, relocating interior or exterior walls, windows or doors, converting warehouse space to office space, modifying electrical or plumbing, etc. If Yes, please describe below. If alterations that require a permit are proposed, upon receipt of all initial city approvals in Part IX below, five (5) sets of construction drawings and An Application for Permit are required to be submitted to the County Building Department.

Part VI Acknowledgement and Signature

By signing below the applicant certifies that the information presented in this application is true and accurate. It is also understood that if any information provided by the applicant is found to be inaccurate, the application may become void. The Fire Department inspection of the premises will be scheduled after the applicant signs and agrees to any and all Zoning Approval Contingencies (if any) in Part VII below. **The applicant further hereby understands and agrees that no portion of the premises shall be occupied without first obtaining an Occupancy Permit from the City of Wickliffe Fire Department.** The Zoning Use Approval (Part VII) shall be valid for a period of ninety (90) days commencing on the date of such approval.

Signature of Applicant

Printed Name

Date

STOP! Submit this application to the City of Wickliffe Fire Department**City Use Only****Part VII Zoning**

Zoned:

Approved:

Date:

Denied:

Date:

Part VIII Fire Inspections

Approved:

Date:

Denied:

Date:

Part IX Occupancy Permit Issued_____
Signature_____
Date