



**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: \$100.00

ADDRESS OF NEW BUSINESS:		SUITE NO:
NAME OF BUSINESS:		
PHONE # OF NEW BUSINESS (*required):		
NAME OF SHOPPING CENTER/BUILDING:		
PRESENT ZONING:	SIZE OF BUILDING OR UNIT BEING OCCUPIED:	SQ. FT.

Please select one of the following:

<input type="checkbox"/>	A new occupant.	Date business opened or will open:
<input type="checkbox"/>	A new owner of an existing business - same business name.	Date business was acquired:
<input type="checkbox"/>	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)

Anthony Mele
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



Mayfield Heights Police Department



Anthony DiCicco
Mayor/Safety Director

Business Contacts (Law enforcement purposes only)

Anthony Mele
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: _____

