



Village Of Highland Hills

3700 Northfield Rd, Rm 21

Highland Hills, Ohio 44122

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Application for Certificate of Occupancy

Application Date: _____ License #: _____

Fee: Commercial \$50 Single Family \$40 Fees for Additional Units _____

Property Address: _____ Suite #: _____

Property Owner _____ Phone _____ Fax _____

Mailing Address _____ City/State/Zip _____

Status:

New Structure: _____ Alteration: _____ Change of Owner: _____ Change of Tenant _____ Pre-existing condition

Temporary Occupancy Permit _____ Yes _____ No Requested time Period: _____

Use Groups

Primary _____ Occupancy Description _____

Accessory _____ Occupancy Description _____

Mixed Uses _____ Occupancy Description _____

Building Information

Construction Type _____ # of Unit(s) in building _____

Size of Building: Square Feet _____ Length _____ Width _____ Height _____

Fire Sprinkler Systems

_____ N/A _____ Required _____ Non-Required

System Type _____ Location _____

Hazard Classification _____

Storage Height _____ Aisle Width _____

Sprinkler System Demand @ Base of riser _____

Standpipe System Demand @ Base riser _____

Tenant Information

Business Name (Tenant): _____

Mailing Address _____ City/State/Zip _____

Type of Business _____ Use Group (s) _____

Projected Opening Date _____ Federal Tax Id Number _____

_____ Corporation _____ Partnership _____ Sole Proprietor _____ Joint Venture _____ Individual

Business Phone _____ Emergency Phone _____ Fax _____

Business Owner _____ Phone _____ Fax _____

Owner Address _____ City/State/Zip _____

Authorized Officer _____ Title _____

Officer Phone _____ Fax _____

Officer Address _____ City/State/Zip _____

Size of Tenant Space _____ Square Feet _____ Length _____ Width _____ Height _____

Number of Units to Occupy _____

Point of Sale Information

Seller _____ phone _____ fax _____

Mailing address _____ City/State/Zip _____

Real estate Company _____

Agent _____

Mailing Address _____ City/State/Zip _____

Title Company _____

Escrow Officer _____ Phone _____ Fax _____

Mailing address _____ City/state/Zip _____

Applicant _____ Phone _____ Fax _____

Applicant Address _____ City/State/Zip _____

Signature of Applicant _____ Date _____