

# COMMERCIAL BUILDING PERMIT APPLICATION

CITY OF RICHMOND HEIGHTS  
DEPARTMENT OF BUILDING ZONING AND HOUSING  
26789 HIGHLAND ROAD, RICHMOND HEIGHTS, OHIO 44143  
216.383.6312 FAX 216.383.6319

APPLICATION DATE: \_\_\_\_\_ REGISTRATION YEAR: \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_

BUILDING OWNER'S NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTRACTOR'S CO. NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

NATURE OF PROJECT (CHECK ONE)

NEW CONSTRUCTION  ADDITION  ALTERATION  CHANGE OF USE  ARTICLE 32

TYPE OF CONSTRUCTION (CHECK ONE)

1 A  1 B   
2 A  2 B  2 C   
3 A  3 B   
4   
5 A  5 B

PROPOSED USE GROUP (CHECK ONE)

|                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| A 1 <input type="checkbox"/> | A 2 <input type="checkbox"/> | A 3 <input type="checkbox"/> | A 4 <input type="checkbox"/> | A 5 <input type="checkbox"/> |
| B <input type="checkbox"/>   | E <input type="checkbox"/>   | F 1 <input type="checkbox"/> | F 2 <input type="checkbox"/> |                              |
| H 1 <input type="checkbox"/> | H 2 <input type="checkbox"/> | H 3 <input type="checkbox"/> | H 4 <input type="checkbox"/> |                              |
| I 1 <input type="checkbox"/> | I 2 <input type="checkbox"/> | I 3 <input type="checkbox"/> | M <input type="checkbox"/>   |                              |
| R 1 <input type="checkbox"/> | R 2 <input type="checkbox"/> | R 3 <input type="checkbox"/> | R 4 <input type="checkbox"/> |                              |
| S 1 <input type="checkbox"/> | S 2 <input type="checkbox"/> | U <input type="checkbox"/>   |                              |                              |

WILL THIS BUILDING BE EQUIPPED WITH FIRE PROTECTION EQUIPMENT?  YES  NO

AUTHOR OF PLANS: \_\_\_\_\_

STATE OF OHIO REGISTRATION (PROVIDE REGISTRATION NUMBER)

ARCHITECT: \_\_\_\_\_ ENGINEER: \_\_\_\_\_ SPRINKLER SYSTEM DESIGNER: \_\_\_\_\_ OTHER: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SQUARE FOOT PER FLOOR (OF EFFECTED AREA)

TOTAL \_\_\_\_\_

**COST OF WORK COVERED  
BY THIS APPLICATION \$ \_\_\_\_\_**

TOTAL FEES: \$ \_\_\_\_\_

APPLICANT (SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

A.R.B. PROJECT NUMBER \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_