

City of Broadview Heights



BUILDING & ZONING DEPARTMENT
COMMUNITY BUILDING
9543 BROADVIEW ROAD, Room 212
BROADVIEW HEIGHTS, OH 44147-2301
TEL: 440-526-6864; FAX: 440-526-3091

\$50.00 Inspection Fee

APPLICATION FOR INSPECTION AND CERTIFICATE OF OCCUPANCY

As required per Sections 1448.19 (c) and 1620.06 of the City's Codified Ordinances

PROPERTY ADDRESS _____
Broadview Heights, Ohio

BUSINESS/COMPANY NAME _____

PROPOSED USE OF PROPERTY _____

USE GROUP _____ TYPE OF CONSTRUCTION _____

TOTAL TENANT SPACE SQ. FT. _____ IS BUILDING SPRINKLERED Y ___ OR N ___

NAME OF LAST OCCUPANT OF THIS PROPERTY _____

APPLICANT'S NAME AND TITLE _____

APPLICANT'S MAILING ADDRESS _____

_____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S PHONE NUMBER _____

I understand that the City's issuance of a Certificate of Occupancy shall not be considered to be a warranty, guarantee, or assurance of any aspect of the property and its structures by the City.

DATE _____ APPLICANT'S SIGNATURE _____

***** A FLOOR PLAN MUST BE ATTACHED THAT INCLUDES DIMENSIONS AND ALL THE ROOMS/SPACES LABELED WITH A DESCRIPTION OF THEIR USE.**

The subject premises have been inspected and certified to be in compliance with the City's Fire Prevention Code.
Fire Official's signature, title and date _____

All ordinances of the City and laws of the State are complied with within the structure.
Building Inspector's signature and date _____