

CITY OF SOUTH EUCLID

1349 South Green Road
South Euclid, Ohio 44121
Phone: 216-381-0400 / Fax: 216-291-4959



DEPARTMENT OF BUILDING
Paul Kowalczyk, CBO, RA
Commissioner

Date _____

I, _____ DBA _____
(Please Print Name) (Doing Business As)

hereby make application to occupy the following property _____

Property to be occupied is a (new building) _____ (existing building) _____, (or open land) _____

Number of parking spaces: _____ Open _____ Enclosed _____ Paved _____ Unpaved

Floor area square footage: _____ Hours of operation: _____

Days of operation: _____

Describe nature of business: _____

Signature of Applicant _____

Address of Applicant _____

City, State & Zip Code _____

Social Security # or
Federal I.D. # _____

Business Phone # _____

Emergency Phone # _____

E-mail _____

Estimated Number of Employees _____ Full Time Male _____ Female _____
_____ Part Time Male _____ Female _____

Building Owner _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Fax # _____ e-mail _____

Will any remodeling be done? Yes ___ No ___ Will any extra plumbing, electrical or heating/air-conditioning be added? Please submit detailed plan of any proposed remodeling and describe remodeling:

Will any signage be added to the building? Yes ___ No ___ If yes, review and approval by the Architectural Review Board (ARB) and a signage permit are required. Applications for both are available upon request. There is also a fee for review by the ARB.

Indicate the number of existing sanitary facilities and locations:

Anticipated method of rubbish disposal:

Indicate the name of rubbish hauler:

I hereby declare that the above information is true, correct and complete. I further agree not to occupy and/or operate until the required approval of application and related building permits have been received.

Signature of Applicant

For Office Use Only:

Zoning District: _____

Type of Business: _____ Permitted: Yes ___ No ___

Conditions of Occupancy: _____

Zoning Administrator _____ Approved _____ Date _____
Disapproved _____ Date _____

City of South Euclid

Division of Fire
Fire Prevention Bureau
Scott Sebastian
Fire Inspector

1349 South Green Road
South Euclid, OH 44121
Phone: 216-691-4273
Fax: 216-381-2016

New Occupancy/Business Information for Fire Department Records

The following information is required for South Euclid Fire Department records and emergency notification. Please type or print clearly.

Business Name: _____

Business Address: _____ **Suite #:** _____

Type of Business: _____

Business Phone: _____

Additional Phone #'s: _____

Business Owner: _____

Owner's Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Home Phone Number(s): _____

Cell/additional Phone Numbers: _____

Emergency contact (if different from owner):

Name: _____ **Phone Number(s):** _____

E-Mail: _____

Include any other information or contacts for emergency response:
