

CITY OF GRANDVIEW HEIGHTS, OHIO
BUILDING AND ZONING DEPARTMENT
1260 MCKINLEY AVENUE
COLUMBUS, OH 43222

(614) 481-6220 phone
(614) 481-6222 fax

office use only
Existing Commercial Building Application for Zoning Approval (Zoning Clearance) and Building Department Certificate of Occupancy
Application No: _____ Date: _____
(Permit Fee: \$309.00 – Team Inspection)

Application – for - Zoning Approval (Zoning Clearance) and Building Department Certificate of Occupancy – Existing Commercial Building(s)

Part I – Applicant Information

- New Tenant Existing Tenant (interior expansion, reduction, relocation) Existing Tenant (change in business name only)
 Building Owner Change Condominium Owner Change Other _____

Business Name/Corporation (also include dba name)

Property Owner's Name

Business Address (Unit/Suite to be Occupied)

Property Owner's Address

Contact Person

Contact Person

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

Email: _____

Website: _____

Website: _____

Part II – Description of Business Operations/Use

What does your business do and how does it operate? (Products, services, etc.) Attach an additional explanation sheet - if needed. Indicate traffic patterns in/out of property (trucks/customers, staff, etc.)

Part III Use/Square Footage – Total Square Feet to be occupied by this tenant sq. ft.

For Part III - provide a floor plan locating this use/tenant within existing building space. Provide a site plan showing parking, egress, dumpster locations, fences, etc.

(An existing floor plan is adequate - if no new construction and/or partitioning/cubicle work is planned.)

Use: Warehouse/ or Assembling Square feet _____ What type of materials are proposed to be warehoused, stored, utilized on the property? Describe/delineate in a floor plan storage configuration & height (floor, racking) (For building department – is building fire suppressed, is fire suppression adequate for materials to be stored?? (Provide letter from design professional and or fire suppression designer as required.) (Any fire alarm system?)

Use: Manufacturing: Square feet _____ What type of manufacturing is proposed?

Use: Commercial/Retail Square feet _____ What type of Commercial/retail activity is proposed?

Use: Office Square feet _____ What type of office use is proposed??

Part IV Employees

Total No. of Employees _____ (full-time _____, part-time _____, seasonal _____)
If multiple shifts, number of employees by shift: 1st _____ 2nd _____ 3rd _____

Part V Tenant Space Alterations and/or Change of Use for the Building Code requirements

Are there any alterations or construction to the building/tenant space/area/structure proposed? **Yes / No** (circle one)
Examples include adding, removing, relocating interior or exterior walls, windows, or doors, converting warehouse space to office space, modifying, electric, HVAC, plumbing systems, etc. If **Yes** - please describe below. If there are going to be any alterations/construction requiring a building permit – submit two “hard” copies of the project drawings and one electronic dvd “pdf” set along with a building permit application to the building department for plan approval review and permitting. (Also see Zoning Certificate form – on our website at www.grandviewheights.org)

Part VI Acknowledgement and Signature

By signing below the applicant certifies that the information presented in this application is true and accurate. It is also understood that if any information provided by the applicant is found to be inaccurate, the application may become void. The Building, Zoning and Fire department inspection of the premises will be scheduled after the applicant signs and agrees to any and all Zoning or Building Department Requirements if any as listed in plan approvals, zoning clearance letter and/or Team Inspection field inspection forms. The applicant further hereby understands and agrees that no portion of the premises shall be occupied without first obtaining Zoning Approval/Clearance (Ordinance Section 1137.13) and a Building Department Certificate of Occupancy (Ordinance Section 1137.12 & OBC 2011 - Section 111)

Signature of applicant Printed Name Date

Office Use Only: (No Building permits required based on application review only – field C of O inspections only)			
Team Field Inspections:	<u>Inspector Name</u>	<u>Date</u>	<u>Result</u>
HVAC	_____	_____	_____
Plumbing	_____	_____	_____
Building	_____	_____	_____
Electric	_____	_____	_____
Fire	_____	_____	_____
Land Use/Zoning	_____	_____	_____
Notes:			

