

WILLOWICK BUILDING DEPARTMENT  
31230 VINE STREET  
WILLOWICK, OHIO 44095  
440-516-3000

WHEN SHOULD I APPEAR BEFORE THE PLAN REVIEW BOARD?

1. Are you planning to open a new business in the City of Willowick? Is a sign proposed?
2. Are you anticipating an expansion, addition and/or alteration of your present business?
3. Will you be buying an existing business within the City of Willowick? Are you changing the name?
4. Are you planning changes of your present business that will encompass new product lines?
5. Will you be proposing land development, which may or may not include widening, extension or vacation of streets and other public places?
6. Are you planning for the redevelopment of any area which may not fit the permitted use and/or occupancy?
7. Are you changing the name of your business? Will it require a new sign?

If the answer is yes to one or more of the above questions, you should appear before the Plan Review Board at one of their regularly scheduled meetings.

\*\*\*\* Requests to appear on the Plan Review Board Agenda must be submitted to the Building Department one week prior to the date of the scheduled meeting. Please submit a completed application, letter of intent, plans, etc., along with a check made out to the City of Willowick in the amount of \$60.00 to be placed on the next scheduled Plan Review Board meeting.

**NOTE:** If you are requesting structural additions and/or alterations, five (5) copies of your plans are required.



**CITY OF WILLOWICK PLAN REVIEW BOARD  
APPLICATION FOR PERMIT TO OCCUPY FOR  
BUSINESS, COMMERCIAL, INDUSTRIAL, ETC.  
YOU MUST FILL OUT ENTIRE APPLICATION  
440-516-3000**

PERMIT FEE: \$60.00  
DATE: \_\_\_\_\_

Location of Occupancy: \_\_\_\_\_ Business Name: \_\_\_\_\_  
(ADDRESS)

Business Owner's Name & Address: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
Or Social Security Number

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: \_\_\_\_\_

SUBMIT NEW DETAILED FLOOR PLAN : \_\_\_\_\_ SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: \_\_\_\_\_

Building Size: \_\_\_\_\_ Total Number Of Employees: \_\_\_\_\_

Intended Number of Occupants: \_\_\_\_\_ Total Number of Seating : \_\_\_\_\_

Site Plan With Number of Paved Parking Spaces: \_\_\_\_\_ Hours Of Operation : \_\_\_\_\_

Letter of Intent: \_\_\_\_\_ Previous Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: \_\_\_\_\_

Home Address/City/Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:**

Zoning District: \_\_\_\_\_ Authorized Occupants: \_\_\_\_\_

TEMPORARY APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Dept. Inspected by: \_\_\_\_\_ DATE: \_\_\_\_\_

Zoning Permit # \_\_\_\_\_ Zoning Permit Fee \$ \_\_\_\_\_

Fire Dept. Inspected By: \_\_\_\_\_ Date : \_\_\_\_\_

**CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL  
Note\* A separate permit is required for all new signs from the Willowick Building Department.**

For Office Use Only

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Amount: \_\_\_\_\_

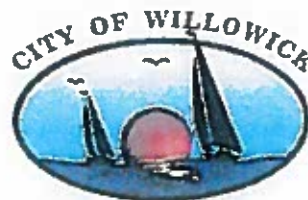
Issued By: \_\_\_\_\_

# City Of Willowick

31230 Vine St. Willowick Oh 44095

## Sign Review Application

440-516-3000



Business Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Owners Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone No: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Size of Sign \_\_\_\_\_ x \_\_\_\_\_ Height Of Sign \_\_\_\_\_ Illuminated \_\_\_\_\_ Non-illuminated \_\_\_\_\_

Type of Sign: \_\_\_\_\_ Ground \_\_\_\_\_ Projecting \_\_\_\_\_ Wall \_\_\_\_\_ Roof \_\_\_\_\_ Marquee \_\_\_\_\_ Pole

Other \_\_\_\_\_

Frontage of Building \_\_\_\_\_ Linear Feet

Existing Signage \_\_\_\_\_ sq. ft.

New Sign \_\_\_\_\_ sq. ft.

Estimated Cost \$ \_\_\_\_\_

Application requirements: (4) sets of detailed drawings showing the design of the sign, size of sign, content, lettering, logo, construction, fastening details and detailed drawing of footer/foundation. (4) Sets of site plans showing location of sign and distances from right of way, building, parking lot, sidewalks, driveway, property lines and adjacent parcels.

All electrical and building permits are to be obtained from the Lake County Building Department, 27 Woodland Rd., Painesville Oh 44077. Phone # 440-350-2636. Applicant will be notified when reviewed for zoning compliance by the city of Willowick. Once approved, you can submit the Zoning approval, site plans and construction drawings to the Lake County Building Department. They will then review for plan approval. Visit ([www.lakecountyohio.gov](http://www.lakecountyohio.gov)) for downloadable forms.

I state that I am the owner/agent of the subject property, have read and understand the contents of this application; and that all information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Property Owners / Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Office Use Only**

Approved Date: \_\_\_\_\_

Denied Reason \_\_\_\_\_

Variance Needed Reviewed By: \_\_\_\_\_

APPLICATION TO BE COMPLETED IN FULL

CITY OF WILLOWICK  
WILLOWICK BUILDING DEPARTMENT  
31230 VINE STREET  
WILLOWICK, OH 44095  
440-516-3000

APPLICATION FOR LICENSE OF COMMERCIAL ESTABLISHMENT

DATE DUE: JANUARY 1, 201

DATE: \_\_\_\_\_

ANNUAL FEE \$ \_\_\_\_\_  
(PLEASE REMIT)

Name of Commercial Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Building Owner: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Exact Business to be Conducted: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

List full name and residence of each partner (or principal officers if a corporation).

1. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Hours of Operation: \_\_\_\_\_

5. Type of business (check) Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_  
Other (specify) \_\_\_\_\_

6. Accounting Information: Federal ID Number \_\_\_\_\_  
Social Security No. (if sole proprietorship) \_\_\_\_\_  
Calendar Year \_\_\_\_\_ or Fiscal Year \_\_\_\_\_

7. Name/address of bookkeeper/accountant \_\_\_\_\_

8. Are there now or will there be employees working or residing in willowick?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate Number \_\_\_\_\_

9. Will other payments be made for services rendered? Yes \_\_\_\_\_ No \_\_\_\_\_  
Circle type: Commission, bonus, subcontractors, Director's fees, other  
(specify) \_\_\_\_\_

List any unusual condition connected with said commercial operation that would have a special effect upon the public health, safety or welfare.

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List full name, address, residence telephone number and e-mail address of the person responsible for the operation, control and maintenance of said commercial operation.

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**CODIFIED ORDINANCE "755.99 PENALTY.**

Whoever violates any provision of this chapter is guilty of a misdemeanor and, upon conviction, shall be fined not more than five hundred dollars (\$500.00) or imprisoned not more than six months, or both. Each day's continued violation shall constitute a separate offense." (Ord. 75-38. Passed 7-21-75)

I do hereby acknowledge my responsibility under Chapter 755 of the Codified Ordinances of the City of Willowick and I am fully aware of the requirements of the same.

**INCOMPLETE APPLICATIONS WILL NOT BE RETURNED**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
**(FOR CITY USE ONLY)**

License No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Approved \_\_\_\_\_

Receipt # \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

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ORDINANCE NO. 13-53

AN ORDINANCE AMENDING CHAPTER 755 OF THE CODIFIED ORDINANCES OF THE CITY OF WILLOWICK, OHIO, TITLED "COMMERCIAL ESTABLISHMENTS"; SPECIFICALLY AMENDING SECTION 755.03, TITLED "PERMIT FEE; EXPIRATION"; AND DECLARING AN EMERGENCY.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF WILLOWICK, COUNTY OF LAKE, STATE OF OHIO:

SECTION 1. Chapter 755 of the Codified Ordinances of the City of Willowick, Ohio, titled "Commercial Establishments"; specifically, Section 755.03 titled "PERMIT FEE; EXPIRATION"; is hereby amended to read and provide as follows:

**755.03 PERMIT FEE; EXPIRATION.**

The Commercial Establishment Permit fee charged by the Building Inspector shall be in accordance with the following schedule:

<u>Area of Commercial Establishment in Square Feet</u>	<u>Permit Fee Per Year or Fraction of Year</u>
1,000 and less	\$ 80.00
1,001 to 5,000	90.00
5,001 to 10,000	100.00
10,001 to 15,000	110.00
15,001 to 20,000	120.00
20,001 to 25,000	130.00
25,001 to 30,000	140.00
30,001 to 35,000	150.00
35,001 to 40,000	160.00
40,001 to 45,000	170.00
45,001 to 50,000	180.00
50,000 and over	190.00

Each Commercial Establishment Permit shall expire on December 31. In the event that the Building Inspector does not receive the Commercial Establishment permit fee by December 31, the Commercial Establishment shall pay a penalty equal to one-half of the scheduled permit fee. The penalty shall be in addition to the permit fee set forth in the above schedule.

SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were conducted in an open meeting of this Council and that all deliberations of this Council and any of its committees that resulted in such actions were conducted in meetings open to the public in compliance with all legal requirements including Chapter 107 of the Codified Ordinances of the City of Willowick.

SECTION 3. This Ordinance constitutes an emergency measure in that the same provides for the immediate preservation of the public peace, health, safety and welfare of the inhabitants of the City of Willowick; wherefore, this Ordinance shall be in full force and take effect immediately upon its passage by Council and approval by the Mayor.



# CITY OF WILLOWICK

30435 Lakeshore Boulevard • Willowick, Ohio 44095  
[www.cityofwillowick.com](http://www.cityofwillowick.com)



## FIRE DEPARTMENT

**Robert Posipanka, Chief of Fire**

Phone (440) 585-1202 • Fax (440) 585-4112

## POLICE DEPARTMENT

**Michael Lazor, Chief of Police**

Phone (440) 585-1234 • Fax (440) 585-3770

*Dear Business Owner/Manager,*

The Willowick Fire Department is here to perform a Pre-Incident Plan. The purpose of this visit is to prepare personnel to respond to emergencies at this building by evaluating its structure, contents, and occupancy. As we tour your building, please provide the important information requested below and return it to the firefighters before they leave. Thank you for your assistance in this cooperative effort to better prepare for effective management of emergencies at your facility.

BUSINESS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

AVG. # WORKING OCCUPANTS: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_

BURGLAR ALARM COMPANY: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BURGLAR ALARM COMPANY PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACTS

1. NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

BURGLAR RESET CODE: \_\_\_\_\_

FIRE ALARM COMPANY: \_\_\_\_\_

2. NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

FIRE ALARM COMPANY PHONE: \_\_\_\_\_

3. NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

FIRE ALARM RESET CODE: \_\_\_\_\_

HOLD UP/PANIC ALARM: YES / NO

ALARM SELF RESET: YES / NO

# Willowick Fire Department

## Fire Prevention Bureau

30435 Lakeshore Boulevard • Willowick, Ohio 44095

Phone (440) 585-1202 • Fax (440) 585-4112

[www.cityofwillowick.com](http://www.cityofwillowick.com)



Lt. Dan O'Connell  
Fl. Donald Lynn

## ***HOW SAFE IS YOUR BUSINESS?***

**Find out by asking yourself these questions**

- Are fire extinguishers up to date?
- Are fire extinguishers mounted properly and free of obstruction?
- Do you have an adequate number of extinguishers?
- Are employees educated in fire safety and able to use a fire extinguisher?
- Are employees aware of the location of fire extinguishers?
- Are fire doors properly working and free from obstruction?
- Are exit doors clearly marked, lit up and free from obstruction?
- Are exit doors unlocked?
- Are all exits well lit?
- Are rolling fire doors/shutters annually tested?
- Are employees aware of the location of fire doors?
- Do you have a fire safety plan?
- Are employees trained in this plan?
- Are fire drills often performed?
- Are all electrical plates and outlets free from exposed wiring?
- Are extension cords used properly?
- Are electrical panels at least 30 inches from storage space?
- Are gas cylinders secured and stored properly?
- Is propane gas properly used and stored?
- Are flammable liquids properly used and stored?
- Are hallways and storage spaces free from accumulated rubbish?
- Is storage kept a distance of 24 inches from the ceiling in an unsprinklered building?
- Is storage kept a distance of 18 inches from sprinkler heads in a sprinklered building?
- Are sprinkler heads free from obstruction and clean?
- Are combustibles kept a safe distance from any heat source?
- Are safety issues enforced at all times?
- Is your address properly posted?
- Are all fire lanes clearly posted?
- Are hazardous materials properly labeled?
- Are hazardous materials properly disposed of?
- Do you have a current MSDS on site for hazardous materials?
- Is your commercial cooking hood system inspected and up to date?

Every "YES" response indicates a positive fire safety situation, but a "NO" response indicates a potential fire hazard that needs to be corrected. If you have any questions, please call the Willowick Fire Prevention Bureau at 440-585-1202.

*Yours in Fire Safety*





# COUNTY OF LAKE

DEPARTMENT OF LAKE COUNTY  
BUILDING INSPECTION  
27 WOODLAND RD, PAINESVILLE, OH 44077  
[www.lakecountyohio.gov](http://www.lakecountyohio.gov)

PAINESVILLE  
440-350-2636

CLEVELAND  
440-916-2636

TOLL FREE  
800-899-5253

FAX  
440-350-2660

David V. Strichko, Chief Building Official

## GENERAL REQUIREMENTS FOR OBTAINING A CERTIFICATE OF OCCUPANCY FOR AN EXISTING BUSINESS / STRUCTURE

At times it may be required from the local jurisdiction, your insurance provider, your financial lending institution or a state agency for a new or existing business owner to obtain a Certificate of Occupancy. The following information is to help guide you through the procedure and hopefully make it as easy as possible.

First, when you need to obtain a Certificate of Occupancy it is recommended you contact the Lake County Building Department at 440-350-2636 to see if there is an existing Certificate of Occupancy already on file. If so, we can provide you with a copy via email.

Next, if a Certificate of Occupancy is not on file, a formal request must be submitted to the Lake County Building Department for review and approval. The request and submittal must include the following information.

1. A letter addressed to the Building Official requesting a Certificate of Occupancy for an existing structure / business. The letter must include the name of the new business (if name is changing), the name of the old business, the address of the business, owner or owners authorized agent's contact information, the reason for the request and that no work and / or alterations have been performed to the business. If any work and / or alterations have been performed, the occupancy is no longer considered existing and a submittal for an alteration must be approved prior to a Certificate of Occupancy being issued.
2. A drawing / sketch of the layout of the occupancy showing all exit doors, exit / emergency lights, hallways, restrooms etc. List the number of employees and customers (occupant load) on the plan. If the occupancy has existing sprinklers and or fire alarm system please note on the plan.
3. An application for commercial building permit plan review must be attached and can be found on our website. Note: under detailed work description put "Request for C of O of an existing business."
4. A fee of \$195.70 is required (this fee is subject to change). Checks made payable to Lake County Treasurer.

After we receive your complete application, it will be reviewed by the Chief Building Official for general compliance with the Ohio Building Code. Expect this process to take no less than three business days. If we have any questions with regard to the application and / or plan, we will contact the submitter for any clarifications. After the plan has been determined to be in compliance, an approval will be issued. Once an approval has been issued the applicant can schedule a safety inspection with the Lake County Building Department. Upon completion of the inspection and if no serious hazards are found, a Certificate of Occupancy will be generated and can either be picked up at the Building Department or emailed to the applicant.

Note: This approval is not an exemption from any state or local rules and regulations, and it is the owner or owners authorized agent's responsibility to contact any other agencies that may have their own requirements for occupancy.

Sincerely,



David V. Strichko, CBO  
Lake County Building Official  
440-350-2636 Ext 104  
David.Strichko@lakecountyohio.gov

DS/rak