

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

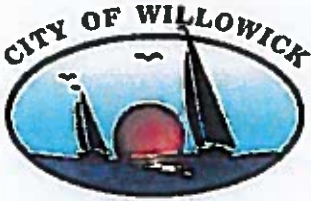
WHEN SHOULD I APPEAR BEFORE THE PLAN REVIEW BOARD?

- 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
payment of \$60.00 (check, cash or credit card) to be placed on the next
scheduled Plan Review Board meeting.**

**NOTE: If you are requesting structural additions and/or alterations, four (4)
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: _____

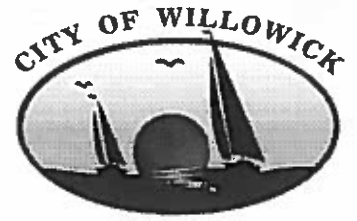
Issued By: _____

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, 105 Main St., Bldg. B Second Floor, 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) 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, 202

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.

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.

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



FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) _____

FILING STATUS: CORPORATION ESTATE/TRUST LLC NON-PROFIT PARTNERSHIP S-CORP. SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

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



FIRE DEPARTMENT

Robert Posipanka, Chief of Fire

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

POLICE DEPARTMENT

Brian C. Turner, 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: _____
ADDRESS: _____
PHONE: _____

DATE: _____
FAX: _____

BUSINESS OWNER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **CELL:** _____

AVG. # WORKING OCCUPANTS: _____
BUSINESS HOURS: _____

BUSINESS OWNER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **CELL:** _____

BURGLAR ALARM COMPANY: _____
BURGLAR ALARM CO. PHONE: _____
BURGLAR ALARM RESET CODE: _____

EMERGENCY CONTACTS

1. **NAME:** _____
TITLE: _____
PHONE: _____ **CELL/PAGER:** _____
2. **NAME:** _____
TITLE: _____
PHONE: _____ **CELL/PAGER:** _____
3. **NAME:** _____
TITLE: _____
PHONE: _____ **CELL/PAGER:** _____

BURGLAR ALARM RESET CODE: _____
FIRE ALARM COMPANY: _____
FIRE ALARM CO. PHONE: _____
FIRE ALARM RESET CODE: _____
HOLD UP / PANIC ALARM: YES / NO
ALARM SELF RESET: YES / NO

Willowick Fire Department

Fire Prevention Bureau

30-135 Lakeshore Boulevard • Willowick, Ohio 44095
Phone (440) 585-1202 • Fax (440) 585-4112
www.cityofwillowick.com

Lt. Dan O'Grady
Fl. Doris 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

105 Main St. Bldg. B, 2nd Floor
Painesville, OH 44077

PAINESVILLE
440-350-2636

CLEVELAND
440-918-2636

TOLL FREE
800-899-5253

FAX
440-350-2660

David V. Strichko, Chief Building Official

www.lakecountyohio.gov

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 \$206.00 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,

A handwritten signature in black ink, appearing to read "David V. Strichko". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

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

DS/rak