



**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.**

