

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: \$40.00
DATE: _____

Location of Occupancy: 28906 LAKESHORE BLVD, TWINS SMOKE SHOP INC
(ADDRESS) Business Name: WILLOWICK, OHIO 44095

Business Owner's Name & Address: ALAA OMAR, 29358 PARK, WICKCLIFFE, OHIO 44092

CITY/STATE/ZIP: _____

Telephone Number: 718-501-9770 Fax Number: _____ Federal ID Number: 610-89-3889
Or Social Security Number

* OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: VICENT MALONE, 20731 EDGECLIFF DRIVE
EUCLID, OHIO 44123 216-322-0092

SUBMIT NEW DETAILED FLOOR PLAN: 1,500 SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: 1,500

Building Size: 7,500 APPOR Total Number Of Employees: 02

Intended Number of Occupants: 01 Total Number of Seating: 0

* Site Plan With Number of Paved Parking Spaces: 27 Hours Of Operation: 9:00 am- 9:00PM *7 days*

* Letter of Intent: see letter Previous Use: see letter Proposed Use: * see attached letter
ALAA OMAR

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: _____
Home Address/City/Zip: 29358 PARK STREET Telephone Number: 718-501-9770
WICKLIFFEE, OH 44092

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: [Signature] Date: DECEMBER 19, 2024

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.

TWINS SMOKE SHOP INC
28906 Lakeshore Blvd
Willowick, Ohio 44095

January 9, 2025

City of Willowick
Willowick Building Department
31230 Vine Street
Willowick, Ohio 44095

Attention:

Below are answers to questions on listed on application for license of commercial
entailment

1. Intent us...A retail smoke shop
2. Previous use..Antique shop
3. Proposed use..A retail smoke shop
4. Hours of operation...9:00AM – 9:00 (every day)

Sincerely,

A handwritten signature in black ink, appearing to read 'Alaa Omar', written over a horizontal line.

Alaa Omar, Managing Member

City of Willowick

January 13, 2025

Willowick Building Department

31230 Vine St

Willowick, OH 44095

To Whom It May Concern,

I would like to present this letter of intent to signify my interest in opening a commercial business located at 28906 Lakeshore Blvd. The name of the business will be Twins Smoke Shop Inc. Items to be sold include cigarettes, cigars, tobacco products, drinks, and snacks.

If any further information is required, please feel free to contact me anytime at 718-501-9770 or by email at Yasmona1215@gmail.com

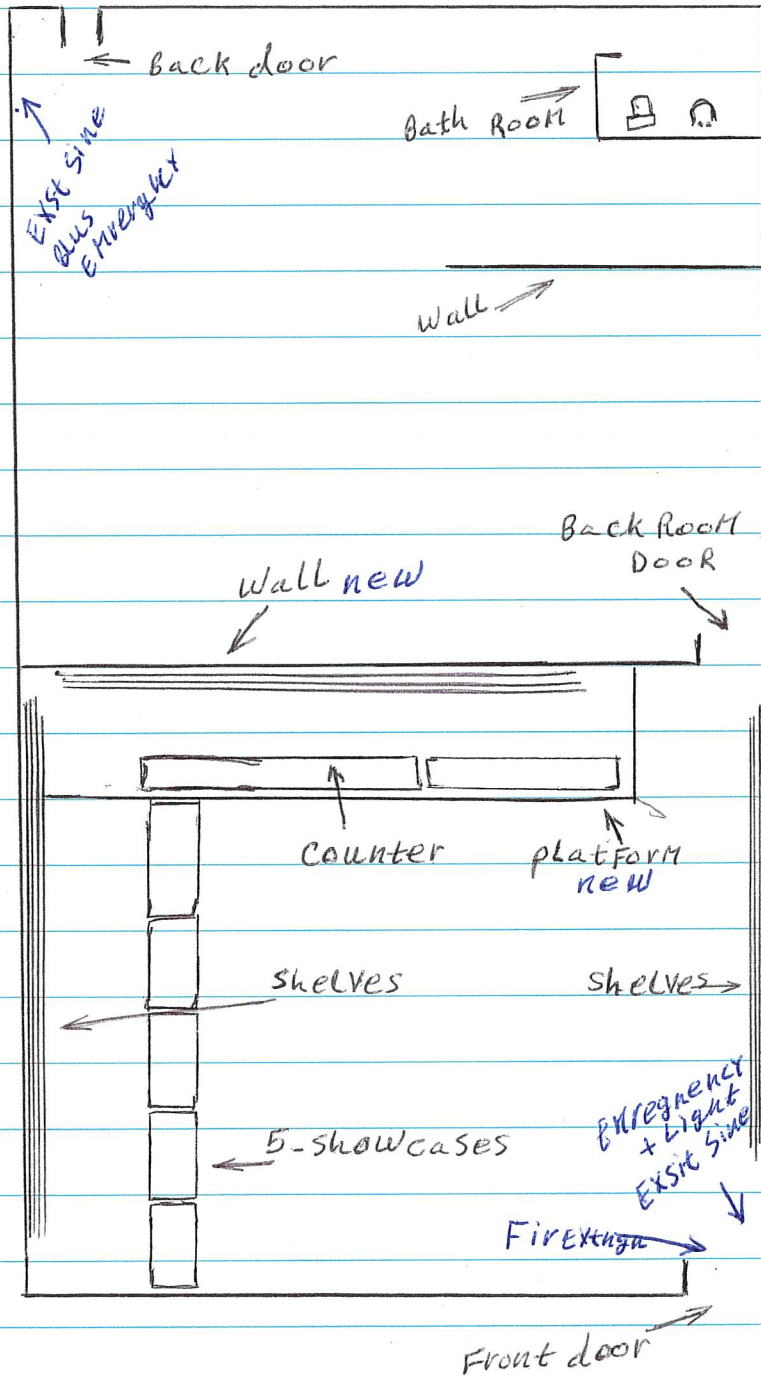
Thank you for your attention to this matter.

Alaa Omar

Twins Smoke Shop Inc.

A handwritten signature in black ink, appearing to read 'Alaa Omar', is written over a horizontal line.

Plan For: TWINS SMOKE SHOP
28906 Lakeshore Blvd
Willowick OH 44095



Smoke shop

Place Salon

Plaza
28902
V Accent

Studios

Restaurant

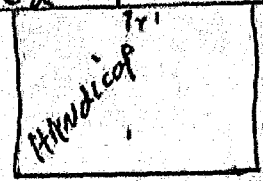
28906

28904

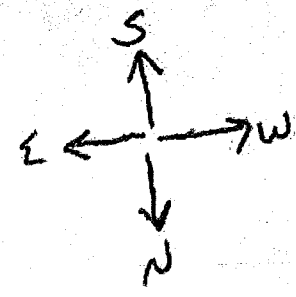
28902

28902

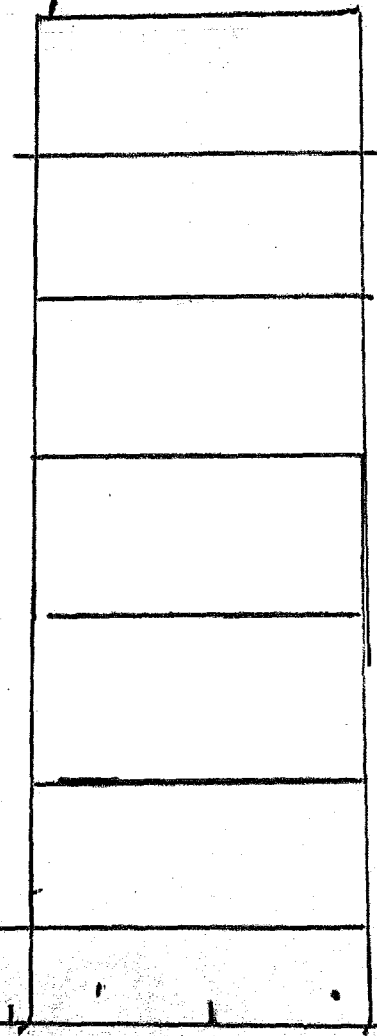
28988



Site plan
28 SPACES
van



7



Handicap

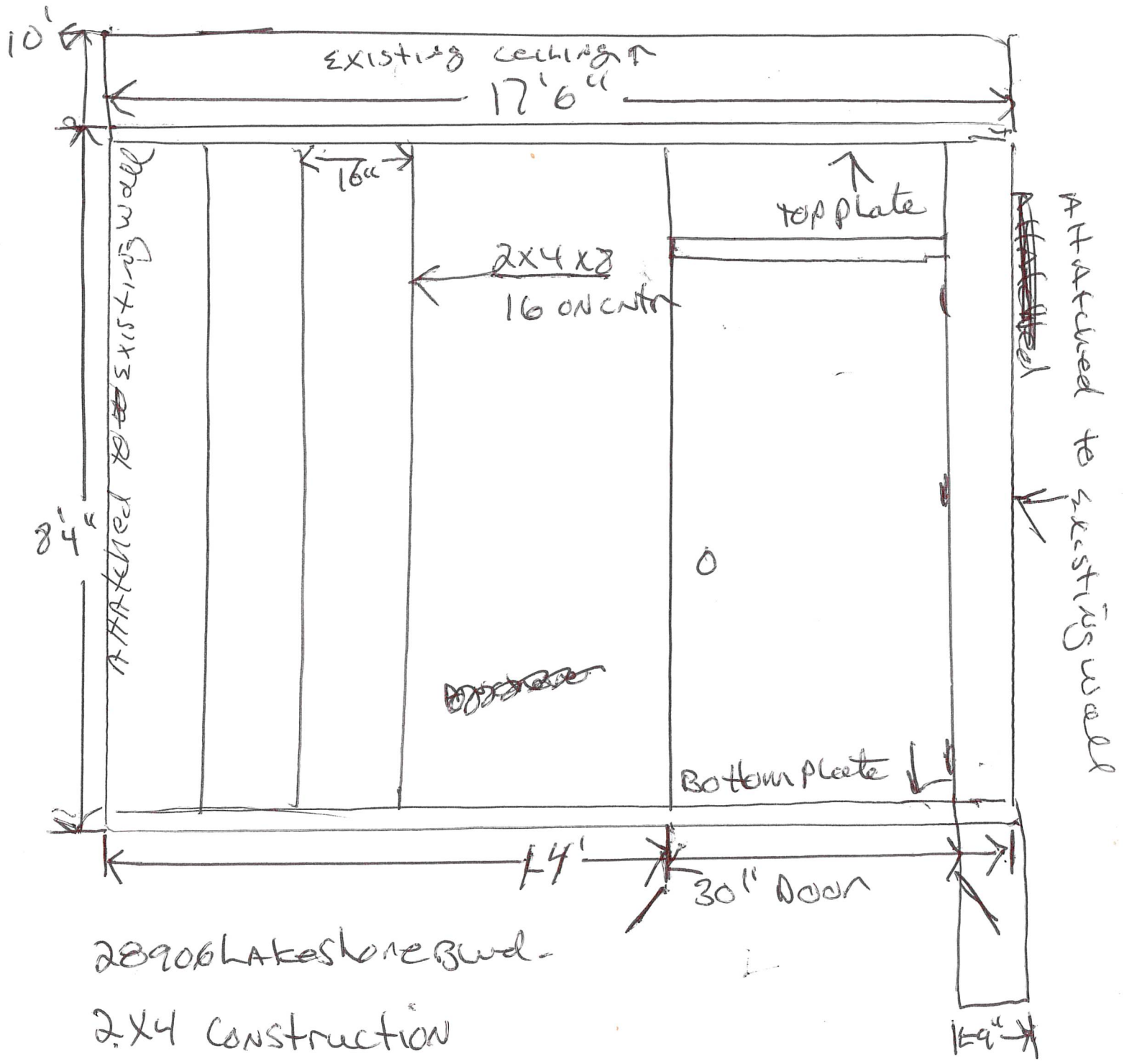
Handicap

Sidewalk

APRON

Lakeshore BLVD

Algonquin Blvd



28906 Lakeshore Blvd.
 2x4 construction
 non load bearing wall
 Room divider

12'x14' Plat form

