



RICHLAND COUNTY BUILDING DEPARTMENT

1495 WEST LONGVIEW AVENUE • SUITE 202A

MANSFIELD, OHIO 44906

Phone • (419) 774-5517 Fax • (419) 774-6317

permits@richlandcountyoh.us

www.richlandcountyoh.us/c&p.htm

REQUEST FOR CERTIFICATE OF OCCUPANCY

Application No. _____

Date: (1) _____

Attention: Chief Building Official

Re: Request for a Certificate of Occupancy for (2) _____
 (building/structure address, city, state, zip)

I am not in possession of an approval for the building(s) located at the above address, and as the owner (or authorized agent), pursuant to section 111.2 of the 2017 Ohio Building Code, I am requesting a Certificate of Occupancy.

Prior to when I purchased/leased the property it had been used as a (3) _____
 (type of business and business name)

and I will continue to use the buildings for that purpose as a (4) _____
 (type of business and business name)

To the best of my knowledge, your department has no outstanding orders pending against this property or any of the buildings.

For your use, I have included a dimensional floor plan (6) sketch indicating the use and occupant load of each area of the building. I have also attached a copy of the most recent fire inspection indicating there are no outstanding violations or orders pending with the fire authority (7).

I understand that an inspection needs to be scheduled to check for serious hazards. I will make arrangements to ensure that your department will have access to the building(s) when I schedule this inspection.

8	Building / Property Owner:	Attention/Contact:		
Address:		City:	State:	Zip:
Phone ()		FAX ()	E-Mail:	
9	Tenant / Business name:	Attention/Contact:		
Address:		City:	State:	Zip:
Phone ()		FAX ()	E-Mail:	
10	Directions to Project:			
11	Name of Applicant if other than Building / Property Owner:			
Address:		City:	State:	Zip:
Phone ()		FAX ()	E-Mail:	
12	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner.		Applicant Signature (match box 8 or 11 above) Date	
All official correspondence in connection with this application should be sent to my attention at the address provided above in box 8 or 11 above.				



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Request for Certificate of Occupancy Instructions and Floorplan Requirements

At such time as a request and all supporting documentation are submitted, an initial inspection will be scheduled. After the preliminary inspection, a follow-up letter will be sent to the applicant addressing required corrections or alterations. A final inspection is required prior to occupancy of the building. After the final inspection is completed a Certificate of Occupancy shall be issued by the Building Official.

Request for Certificate of Occupancy Information:

1. ___ Provide the date of the request
2. ___ Provide the complete building address
3. ___ Provide the existing building use(s) and business name(s)
4. ___ Provide the proposed building use(s) and business name(s). If same as item 3, fill in the same information.
5. ___ Copies of insurance statements, utility bills, property tax duplicates, etc for a minimum of two years. It is only necessary to provide the oldest document in your possession. We do not need consecutive copies of bills or statements.
6. ___ Floor Plan- see below.
7. ___ Provide a copy of the most recent fire inspection report indicating no violations or orders.
8. ___ Building Owner Contact Information. Provide the name and mailing address of the building owner
9. ___ Provide business name, tenant contact name, mailing address, phone, fax, and email if different than building owner or applicant.
10. ___ Provide complete and accurate directions to project site.
11. ___ Applicant Contact Information
12. ___ Check the appropriate box, sign, and date the request.
13. ___ Fees. All fees shall be per the most current fee schedule as adopted by the Richland County Board of Commissioners
20. ___ Detailed floor plan of space to be occupied.
 - a. ___ Room labels- identify and dimension all rooms, indicate proposed uses.
 - b. ___ Exit door locations- indicate the door swing and indicate whether there are steps, a ramp, or the exit door is level with the exterior grade.
 - c. ___ Number of seats, tables, and seating configurations (if provided).
 - d. ___ Restroom locations, gender served, fixture count, and stall layout.
 - e. ___ Amperage of electrical service and electrical panel locations.
 - f. ___ Exit and emergency lighting locations.
 - g. ___ Emergency standby system locations and details (if present).
 - h. ___ Sprinkler systems, fire alarms, exhaust hoods and fire suppression (if present).
 - i. ___ Fire resistance ratings of walls and doors (if known).
21. ___ Type of heat and fuel source.
22. ___ A copy of the most recent inspection test report for automatic sprinkler, fire alarm, and fire suppression systems if installed in building.

Handicap Accessibility Details, included with Floorplan:

Floor Plan included with Request:

14. ___ Use Group and Construction Type (if known)
 15. ___ Estimated Number of employees
 16. ___ Estimated Number of customers/clients
 17. ___ Hours of Operation
 18. ___ Site plan showing all property lines and structures. This may be a tax map or property map with all the footprint of all structures on the property neatly indicated on the map.
 19. ___ Plan showing perimeter of entire structure.
 23. ___ Location of Accessible Parking
 24. ___ Total Number of Parking Spaces
 25. ___ Number of Accessible and Van spaces
 26. ___ Accessible entrance to building/tenant space
 27. ___ Accessible route within structure
 28. ___ Accessible restrooms with accessible fixtures and grab bars denoted.
 29. ___ Other accessible amenities
- Accessible Signage