



CITY OF LORAIN
DIVISION OF BUILDINGS
CERTIFICATE OF OCCUPANCY/SPECIAL INSPECTION APPLICATION

Phone: 440-204-2045 / Fax: 440-204-2540
Richard Klinar, Chief Building Official
Kellie Glenn, Director

TO COMPLY WITH CODIFIED ORDINANCE #149-15 "CERTIFICATE OF OCCUPANCY" PLEASE COMPLETE THE REQUESTED INFORMATION

Filing Fee: \$105.00

PROPERTY INFORMATION:

Address: _____, Lorain, OH.

Proposed Use/Type of Business: _____

For Office Use Only:

Use Group _____ Construction Type _____ Occupant Load _____

Automatic Sprinkler System provided? Yes No

Hazard Classification _____ or Storage Configuration _____

Aisle widths _____ for which the automatic sprinkler system is designed.

Automatic sprinkler and standpipe system demand at the base of the riser _____.

Any special stipulations and conditions of plan approval (including Variance No. if granted.) _____

APPLICANT INFORMATION:

Name: _____

Address: _____, Lorain, OH.

Phone#: _____ Email: _____

<p>I certify that I am the owner of the above property, that the above statements are true.</p> <p>_____</p> <p>Owner Signature</p>	<p>I certify that I am authorized by the owner of the above property to obtain the described permit.</p> <p>_____</p> <p>Authorized Representative of Owner</p>
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For Official Use Only:

Date of Application _____

Date & Time of Inspection _____

Building Inspector: _____

Payment: Cash Check# _____

Fire Marshall _____