



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**

*Per Lorain City Council, As of January 2, 2019 - add \$5.00 [TECHNOLOGY FEE] to final permit cost*

**Filing Fee: \$105.00 + \$5.00 Technology Fee**

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

Date of Application \_\_\_\_\_

Date & Time of Inspection \_\_\_\_\_

Building Inspector: \_\_\_\_\_

Payment:  Cash  Check# \_\_\_\_\_

Fire Marshall \_\_\_\_\_