



# City of Lorain

## Certificate of Occupancy/ Special Inspection Application

**TO COMPLY WITH CODIFIED ORDINANCE #149-15 "CERTIFICATE OF OCCUPANCY"  
THIS APPLICATION MUST BE FILLED OUT COMPLETELY & LEGIBLY**

Valuation \$ _____	Payment date: _____
Plan review fee _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit card
Permit Fee _____	<input type="checkbox"/> Check# _____
1% State Fee _____	
3% State Fee _____	
Technology Fee \$7.00	Permit Number _____
Zoning Fee _____	202 _____
Other Fee _____	Date Permit issued _____
Total Fees \$ _____	

**Filing Fee: \$120.00**

### SECTION I – General Information

Date \_\_\_\_\_ Estimated Total Cost of Project \$ \_\_\_\_\_  
Owner name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Owner's full address \_\_\_\_\_

### SECTION II – Description of Property and Project

Business Property Address: \_\_\_\_\_  
Proposed Use/Type of Business: \_\_\_\_\_  
\_\_\_\_\_

This application is submitted for New Owner and/or Change of Use. There will be an inspection of the entire property by the Building Inspectors and Fire Department. Any violations found must be corrected before the Certificate of Occupancy is issued. No business operation will be permitted until the Certificate of Occupancy is issued. Depending on the type of proposed business, the Lorain County Health Department may also need to conduct an inspection. Any renovations or alterations will need to be reviewed and a permit needs to be issued before any work is to start.

Applicant is:

Owner: I certify that I am the owner of the above property, that the above statements are true.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

Authorized Representative: I certify that I am authorized by the owner of the above property to obtain the described permit.

\_\_\_\_\_  
Representative signature

\_\_\_\_\_  
Date

### For Official 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Inspector: \_\_\_\_\_ Fire Marshall: \_\_\_\_\_

Date and Time of Inspection: \_\_\_\_\_

200 West Erie Avenue, 5<sup>th</sup> Floor, Lorain, Ohio 44052

Building Division: (440) 204-2045 Fax: (440) 204-2540 Housing & Planning Division: (440) 204-2020 Fax: (440) 204-2080  
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