



City of Lorain

Certificate of Occupancy/ Special Inspection Application

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

Filing Fee: \$120.00

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

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: _____