



DIVISION OF BUILDING STANDARDS
 COUNTY OF SUMMIT ♦ EXECUTIVE RUSSELL M. PRY
 1030 E. TALLMADGE AVENUE ♦ AKRON, OHIO 44310
 330.630.7280 ♦ FAX: 330.630.7296
www.co.summit.oh.us/executive/bldgstds.htm

COMMERCIAL CERTIFICATE OF OCCUPANCY REQUEST

DATE

OWNER			
ADDRESS STREET		CITY/TOWN	STATE ZIP
TELEPHONE #	CELL #	E-MAIL	

ATTENTION: Chief Building Official
 County of Summit ♦ Building Standards Division
 1030 East Tallmadge Ave. ♦ Akron, Ohio 44310

NOT FOR CHANGE OF USE!

REGARDING: Owners request for a Commercial Certificate of Occupancy for an existing building located at:

ADDRESS STREET		CITY/TOWNSHIP/VILLAGE	STATE ZIP
PROPOSED USE OF BUILDING		FLOOR AREA	

I am not in possession of an approval for the building located at the above listed address, and therefore I am requesting a Certificate of Occupancy, pursuant to Ohio Building Code (OBC) Sections 111 and 3406. I have been the owner / authorized agent of the above listed property since _____ . Previous known use(s), tenants and / or occupants of the building has been _____ .

I understand my responsibility as the building owner includes, providing documented proof for your review and acceptance, regarding any previous use(s), tenants, and / or occupants of the building. Additionally, to the best of my knowledge the County of Summit, Department of Building Standards has no outstanding orders pending against this property.

For your reference, I have included a floor plan (evacuation plan), which indicates the use of each room or area of the building for which I am requesting approval.

I am enclosing payment (**\$247.20**) for a **Serious Hazard Inspection**, and I understand that you will need to inspect the premises for serious hazards (life-safety). You may contact my office to arrange a time for this inspection to be conducted.

 SIGNED (OWNER/AUTHORIZED AGENT) TITLE

Signed and subscribed in my presence this _____ day, of _____ 2010.

 NOTARY