



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

RESIDENTIAL CO 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

REGARDING: Owners request for a Residential (One-Two or Three-Family Dwelling unit) 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 the Residential Code of Ohio (RCO) Sections 111 and 115. I have been the owner / authorized agent of the above listed property since _____. I am requesting approval for the building to be utilized as, _____.

Attached to this letter is my request for approval from the local Zoning Department and other agencies (both local and state) as required. 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 (**\$161.60**) for a **Special Inspection**, and I understand that you will need to inspect the premises for serious hazards (life-safety). You may contact me to arrange a time for this inspection to be conducted.

 SIGNED TITLE

Signed and subscribed in my presence this _____ day, of _____, 20__.

 NOTARY