

**County of Summit; Building Standards Division**

1030 East Tallmadge Avenue  
Akron, Ohio 44310

330.630.7280 330.630.7296 FAX

[www.co.summit.oh.us/executive/bldgstds.htm](http://www.co.summit.oh.us/executive/bldgstds.htm)

**Request for Commercial Time-Limited Occupancy Permit**

**Fee: \$226.60**

**All life-safety elements shall be operational prior to issuance of any partial occupancy request.**

- |                           |                      |                                |
|---------------------------|----------------------|--------------------------------|
| 1. Accessibility Features | 2. Egress Components | 3. Emergency / Exit Lighting   |
| 4. Fire Alarm             | 5. Fire Suppression  | 6. Portable Fire Extinguishers |

**NOTES: Permit may be revoked at anytime for noncompliance with terms of issuance.**

**Requests for time limited occupancy shall be received ten (10) days prior to issuance.**

**Required Information:**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Building Permit #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Owner, Agent, Tenant) (Company Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Owner, Agent, Tenant) (Owner, Agent, Tenant)

Specific Need for Time-Limited Occupancy: \_\_\_\_\_

Specific Dates for Time-Limited Occupancy: \_\_\_\_\_ to \_\_\_\_\_

**Office Use Only:** Limited to:  10 Days  30 Days  Other \_\_\_\_\_

Building / Mechanical Inspector:  Approved  Not Approved  
Fire Protection Inspector:  Approved  Not Approved  
Local Fire Official:  Approved  Not Approved  
Electrical Inspector:  Approved  Not Approved  
Plumbing Inspector:  Approved  Not Approved

**Issue Date:** \_\_\_\_\_ **Certificate Number:** \_\_\_\_\_

**Occupancy Limitations:** \_\_\_\_\_