

ECOBA APPLICATION FOR TEMPORARY OCCUPANCY

Submit one application for each building or structure. Please print or type. All sections must be completed. CPA number can be obtained from your approved plans.

Temporary Occupancy: Upon the request of the holder of a permit, the building official may issue a Temporary Certificate of Occupancy for a building or structure, or part thereof, before the entire work covered by the permit shall have been completed, provided such portion or portions may be occupied safely prior to full completion of the building or structure without endangering life or public welfare. Refer to the Ohio Building Code (OBC).

In order to obtain a Temporary Certificate of Occupancy:

1. Project must have full plan approval unless otherwise approved by your Plans Examiner.
2. A copy of the floor plan(s), for the areas which temporary occupancy is requested, **must** accompany this application.
3. Once the application is approved, you may request the appropriate inspections by calling the building official at (330) 364-3164.
4. A Temporary Certificate of Occupancy will be issued after fees have been paid and all necessary inspections have been approved.
5. **A Temporary Certificate of Occupancy is only valid for 90 days or a pre-approved time period requested.**
6. A Temporary Certificate of Occupancy may be extended upon written request ten (10) days in advance of expiration date.

1	CPA NUMBER:	Complete all sections of this application. A copy of floor plans for the area which the Temporary Occupancy is requested, must accompany the application. A Temporary Certificate of Occupancy will be issued after all necessary inspections have been approved.
2	Name of Project: Address of Project: County: _____ Jurisdiction: _____ City: _____ State: _____ Zip: _____	
3	Name of Submitter: Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail _____	
4	List room number, area, and occupant load, of all specific areas for which Temporary Occupancy is being requested. Square footage: _____	
5	Has this project received final plan approval? (Check one) Yes No If no, what items are outstanding?	9 I hereby certify that I am the: (Check one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. Signature _____ Date _____ Print or type name of signer _____
6	Have the following areas of work received final inspections or testing? (Check one) Fire Suppression Yes No N/A Fire Alarm Yes No N/A Electrical Yes No N/A Plumbing Yes No N/A	
7	FEE TO BE PAID \$575.00	10 THE AREA BELOW IS FOR OFFICIAL USE ONLY Date recd: _____ Check No: _____ Verification No.: _____ Processed by: _____
8	Fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Payable to: East Central Ohio Building Authority	