

PERKINS TOWNSHIP APPLICATION FOR TEMPORARY (PARTIAL) 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 from the Building Department unless otherwise approved by the Building Official.
2. An 8 ½ " x 11" copy of the floor plan(s), for the areas which temporary (partial) occupancy is requested, **shall** accompany this application.
3. Once the application is approved, requests for inspections must be made by calling 419-609-1435.
4. A Temporary Certificate of Occupancy will be issued after 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.

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| 1 | CPA NUMBER (Permit # issued for this project) | 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: Exact Address of Project: | | | |
| 3 | Name of Submitter: | | | |
| | Address: | City: | ST: | Zip: |
| | Phone: () | | | |
| 4 | List specific areas, floors, or room numbers for which Temporary Occupancy is being requested. (Attach Floor Plan) | | | |
| | Square footage of requested temporary occupancy: | | | |
| 5 | Has this project received final plan approval? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what items are outstanding? | 6 | FEES TO BE PAID | |
| | | | Temporary Occupancy: \$200.00 | \$ 200.00 |
| | | | 3% B B S fee | \$6.00 |
| | | | Total | \$206.00 |
| 7 | Fees paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check List check number here _____ checks payable to: Perkins Township <input type="checkbox"/> Credit Card - Transactions paid using a credit or debit card shall be subject to a non-refundable convenience fee equal to five percent (5%) of the amount of the transaction to be added to the total amount otherwise to be paid. | | | |
| 8 | Have the following areas of work received final inspections or testing? (check one) | | | |
| | Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 9 | I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner And that all information contained in this application is true, accurate and complete to the best of my knowledge, and that all official correspondence in connection with this application should be sent to my attention at the address shown above. | | | |
| | _____ Signature | | _____ Date | |
| | _____ Print or type the name of signer | | *Must download and save application before the signature or submittal options are available. | |
| 10 | THE AREA BELOW IS FOR OFFICIAL USE ONLY | | | |
| | Date received: | Processed by: | | |
| | Date Approved: | Approved by: | | |