

**PERKINS TOWNSHIP BUILDING DEPARTMENT
TEMPORARY OCCUPANCY**

TENTS and MEMBRANE STRUCTURE (As described in OBC Section 3102)

Submit one application for each building or structure. Please print or type. All sections must be completed.

Tents and membrane structures having an area in excess of 200 square feet (19 m²) and canopies in excess of 400 square feet (37 m²) shall not be erected, operated or maintained for any purpose without first receiving plan approval in accordance with the provisions of Chapter 1 of the Ohio Building Code.

In order to obtain a Temporary Certificate of Occupancy:

1. Project must have full plan approval from the Building and Zoning Department unless otherwise approved by the Building Official.
2. A site plan showing the location of the membrane structure is required with this application. If electric is being used, show the source and all applications on the plan. If any other fuel source is being used, that must be shown and a full description of the use submitted.
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.

1	CPA NUMBER <i>(Office use only)</i>	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 the dates and times the Temporary Occupancy is requested for and the specific use for which Temporary Occupancy is being requested.			
Square footage of requested temporary occupancy:				
5	Check which inspections will be required:		6 FEES TO BE PAID	
	<input type="checkbox"/> Building/Fire Safety		Total items checked in Section 5 X	
	<input type="checkbox"/> Electric		\$125.00 each	
	<input type="checkbox"/> Plumbing		3% B B S fee	
<input type="checkbox"/> Mechanical		Total		
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 - <i>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.</i>			
8	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				
9 THE AREA BELOW IS FOR OFFICIAL USE ONLY				
Date received:		Processed by:		
Date Approved:		Approved by:		