



Building Department Questions

Phone: 937-433-4642

E-mail: Plans@Natinspect.com

REQUEST FOR A CERTIFICATE OF OCCUPANCY FOR AN EXISTING COMMERCIAL BUILDING

An owner that needs a Certificate of Occupancy (C of O) for an existing building can request one by referencing Sections 102.7, 111.2 111 of the Ohio Building Code (OBC). This provision allows an owner (or authorized agent) to secure a building C of O for an existing building used under certain conditions:

- The building or structure continues to be used for the purpose(s) that original or subsequent approvals were made. Evidence of this previous and continued use shall be verified.
- A request for a Certificate of Occupancy must be made in writing to the Building Department by the owner (Permit Applicant).
- There are no outstanding orders pending against the building (Zoning, Property Maintenance, Fire Department, County Health, etc.).
- It is established after inspection and investigation by the Building Official that the building/structure does not have any serious hazards.

Although the Board of Building Standards rules do not require submission of plans for this process, it is important to establish how each area of the building is used. A floor plan is recommended with a legend to indicate how every space is used showing the size of the rooms and exit doors.

The applicant must submit:

1. Completed permit application.
2. Legible floor plan showing how each space of the building is used and size of rooms.
3. Copy of original and subsequent certificates (if available).
4. Description of previous use of space if different than proposed.
5. If the space has a sprinkler system.
6. Construction type of building (block walls, metal studs, metal pole building, etc.).
7. Description of the proposed use of space.

After submittal and review, an inspection will be scheduled with the Building Department and local Fire Department to verify that no serious hazards are present and all life safety devices (fire extinguishers, emergency lighting, exit signs and fire suppression systems, etc) are properly functional.

City of Germantown
 1 North Plum Street, Germantown, Ohio 45327
 Phone (937) 855-7255 Fax 855-3215
 http://www.germantown.oh.us
BUILDING/ELECTRICAL PERMIT APPLICATION
 FOR INFORMATION CALL: 888-433-4642

(CHECK ONE) RESIDENTIAL ___ COMMERCIAL ___ SUBMIT 2 RESIDENTIAL 3 COMMERCIAL BUILDING PLANS

PLEASE PRINT	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER & EMAIL
PROPERTY OWNER				
APPLICANT				
PLANS BY				
CONTRACTOR				

SITE ADDRESS _____ Tenant _____
 PARCEL ID NO. _____ AFFECTED CONSTRUCTION AREA SQ. FT _____
 PROJECT DESCRIPTION _____ PROJECT COST _____
 ---COMMERCIAL ONLY--- USE GROUP _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____

REVIEW REQUESTED: CHECK ALL THAT APPLY

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Garage | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Addition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Pool (In Ground) |
| <input type="checkbox"/> Deck _____ Sq. ft. | <input type="checkbox"/> Gas Line | <input type="checkbox"/> Hood Exhaust | <input type="checkbox"/> Pool (Above Ground) |
| <input type="checkbox"/> Shed _____ Sq. ft. | <input type="checkbox"/> Fence | <input type="checkbox"/> Cert. of Occupancy | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Electrical Service Size _____ Line Drawing Required over 400 AMP | | | |

Other (specify) _____

Is property located in a Floodplain? Yes / No _____

All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building codes.

OWNER/OWNER REP. (PLEASE PRINT) _____ EMAIL _____

OWNER/OWNER REP. _____ APPLICATION DATE _____

Auditor Information: # Bedrooms _____ # Baths _____ # Stories _____ Livable Sq. Ft. _____ Finished Basement Sq. Ft. _____

***** OFFICE USE ONLY *****

DEPOSIT \$ _____ RECEIVED BY _____ PAYMENT: CASH CHECK CREDIT RECEIPT# _____

ZONING APPROVED _____ DATE _____

Is property located in a Floodplain? Yes / No _____

BUILDING APPROVED _____ DATE _____