

## **Certificate of Occupancy Request for Existing Buildings**

City of Warren, Ohio  
Engineering, Planning & Building Department  
540 Laird Avenue S.E. Warren, Ohio 44484  
Phone: (330) 841-2916

If you are in need of a Certificate of Occupancy (C of O) for an existing building, you can apply for one by using Section 111.2 of the Ohio Building Code. This provision allows the owner (or authorized agent) to secure a building approval for an existing use under certain conditions:

1. The building or structure has been previously and continues to be used for the purpose(s) the approval is being requested for. Evidence of this “continued” use can, in some way, be verified.
2. A request for a Certificate of Occupancy must be made in writing to the Building Official.
3. There are no outstanding orders pending against the building.
4. After inspection, the building official determines the building/structure to be free of serious hazards.

Although the rules do not require a submission of plans for this process, it is important to establish what each area of the building is used for. **Some version of a floor plan shall be attached to this application with a legend indicating how all spaces are used. (Most people use a copy of the evacuation plan for this purpose).**

**EXAMPLE COVER LETTER**  
**THIS IS AN EXAMPLE ONLY**  
**YOU MUST SUBMIT YOUR OWN LETTER**

The following is an **“EXAMPLE ONLY”** format of a cover letter to be submitted with the application, Safety Inspection and Certificate Fee of \$185.40 and other required documentation is due prior to the inspection.

Date:

Christopher A. Taneyhill, CBO  
Engineering, Planning, and Building Department  
540 Laird Ave. SE.  
Warren, Ohio 44484

Re: Request for a Certificate of Occupancy: 0000 My Avenue

Dear Mr. Taneyhill:

I am not in possession of an approval for the building(s) located at the above address, and, as the owner, I respectfully request a Certificate(s) of Occupancy.

Prior to when I purchased the property, 3 years ago, it had been used as a hotel/motel, and I continue to use the building(s) for that purpose (I have enclosed copies of the last two years hotel/motel licenses issued by the state Fire Marshal's office). To the best of my knowledge, your department has no orders pending against this property or any of the buildings).

For your reference, I have included an unscaled floor plan sketch (evacuation plan) indicating the use of each area of the building.

I understand you will need to schedule inspection(s) to check for serious hazards, you can contact my office anytime at 000/000-0000 to assure your inspectors have access to the areas they need to see at their convenience.

# CERTIFICATE OF OCCUPANCY REQUEST

## 1. Building Information

Building Address: \_\_\_\_\_ Unit No. or Letter: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mall, Strip Mall, Plaza, Hospital or Building Name (if applicable): \_\_\_\_\_

Current or Last Known OBC Use Group \_\_\_\_\_ (existing building or space)  
Proposed OBC Use Group(s) \_\_\_\_\_  
Building Size in Square Feet \_\_\_\_\_  
OBC Type of Construction \_\_\_\_\_

## 2. Building Owner/Firm

Name as appears on mortgage, title, or property deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 3. Occupant Information

Occupant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Business name as it will appear on building signage or in directories: \_\_\_\_\_

**IMPORTANT REMINDER: Incomplete applications will be returned to the applicant when the following are not included.**

- Certificate of Occupancy Application (completed in its entirety).
- Unscaled floor plan sketch (evacuation plan) indicating the use and size of each area of the building.
- Building name and address including unit number (if applicable).
- \$185.40 Inspection/Certificate Fee (payable to the City of Warren).

I hereby certify that the proposed request is authorized by the building owner of record, and that I have been authorized by the owner to make this application as his or her authorized agent.

\_\_\_\_\_  
Applicant (Print Name)                      Applicant (Signature)                      Date

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_