

APPLICATION FOR CERTIFICATE OF CONFORMANCE
SPRINGFIELD TOWNSHIP, SUMMIT COUNTY OHIO

Name of Applicant _____
Mailing Address _____
Home Telephone _____ Business Telephone _____

Certificate of Conformance requested for the premises located at: _____
Business Name _____ Parcel # _____
Current Property Owner _____
Mailing Address of Property Owner _____
Home Telephone _____ Business Telephone _____

Current Zoning District: (Circle One) C-1 C-2 C-3 OR I-1 I-2

Application Type (Check all that apply)

New use in a new building New use in an existing building
 Change of use in an existing building Change of occupant in an existing building

The said building or premises to be used for the following purposes (Check all that apply)

Retail Wholesale Recreational Office Industrial
 Restaurant Warehouse Auto Repair Personal Service Other

Description of Business Use: _____

Estimated completion date of any construction: _____

Square footage of area to be used for business: _____ Parking spaces provided: _____
Number of full-time employees: _____ Number of part-time employees: _____

Site Data

Will there be any new signs? Yes No If yes, a sign permit is required.
Will there be changes to any existing signs? Yes No If yes, a sign permit is required.
Will there be changes to the landscaping? Yes No
Will there be any changes to the parking area? Yes No
Will there be any on site processing or assembly? Yes No
Will there be any chemicals on site in quantity of 50 gallons? Yes No
Will there be any other site changes? Yes No If yes, please describe below:

*****If business will have a drive-thru, the outdoor display of goods, or the outdoor sales of goods, YOU MUST MAKE APPLICATION TO THE BOARD OF ZONING APPEALS.**
*****SITE PLAN MUST BE SUBMITTED WITH APPLICATION SHOWING SIZE OF LOT, LOCATION OF BUILDING(S) AND/OR STRUCTURES, SETBACKS, PARKING AND LANDSCAPING.**

I, the undersigned, hereby certify that all the information provided in making this application is true and accurate.

Signature of Applicant _____ Date _____

-See Reverse-

In order for your Application for Certificate of Conformance to be approved, the Springfield Township Fire Department will be completing a mandatory fire safety inspection of your property.

The inspection is to comply with the Ohio Administrative Code 1301:7-7-01 (3) 101.3 entitled intent, where the purpose of the Fire code is to.... *Establish the minimum requirements consistent with nationally recognized good practice for providing a reasonable level of life safety and property protection from hazards of fire, explosion or dangerous conditions in new and existing buildings, structures and premises and to provide safety to fire fighters and emergency responders during emergency operations.*

For your benefit, the following list has been compiled to indicate some of the items we will be looking for during the inspection. This list is a general list, and the inspection will not be limited to these items.

- Address numbers – *New and existing buildings shall have approved address numbers, building numbers or approved building identification placed in a position that is plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background. Address numbers shall be Arabic numerals or alphabet letters. Numbers shall be a minimum of 4 inches (102mm) high with a minimum stroke width of 0.5 inch (12.7mm).*
- Exit signs installed, maintained and operating.
- Exit doors operate free of obstacles, aisle ways adequately sized.
- Fire extinguishers properly installed and within test date (usually annually).
- Fire protection systems (such as smoke and heat detectors, fire alarms, hood suppression systems, sprinklers) are operating and have been inspected and tested (usually annually).
- General good housekeeping (including storage of flammable and combustibles).
- Diagram of the building by floor showing exits and utility service locations.

Should you have any questions, please contact the Fire Department at (330) 734-4130, between the hours of 9:00 AM and 4:00 PM.

****A FEE OF \$50.00 MUST BE PAID WITHIN 7 DAYS OF THE FINAL INSPECTION

.....

FIRE INSPECTION / ZONING REPORT

Summit County Certificate of Occupancy Permit # _____

Building Use Classification: _____

Fire Inspection Date: _____ Approved _____ Denied _____ Reinspection _____

Comments: _____

Reinspection Date: _____ Approved _____ Denied _____

Comments: _____

Description of Use: _____

Springfield Township Fire Official Signature

Zoning Administrator Signature

Township Certificate of Conformance Permit #: _____

Date Issued: _____

Fee Due: _____

Date Fee Paid: _____

Receipt #: _____