

## CHANGE IN OCCUPANCY WORKSHEET

A Certificate of Occupancy is an approval that is issued by the Chief Building Official that allows a building or structure, in whole or in part, to be used or occupied (*similar to a car title*). The Certificate of Occupancy indicates the conditions under which the building shall be used. The building owner shall only use the structure in compliance with the Certificate of Occupancy and any stated conditions.

A final Certificate of Occupancy is only issued after the final building inspection has been approved, and the permit has been closed. This can be applied for where there are **no changes in interior-walls, the use is essentially the same** but will operate under new ownership and name. For example, "Jimmy's Donuts" becomes "Sandy's Donuts" or for new tenants of existing buildings, for example "Sandy's Bookstore" moves out and "Jimmy's Hardware" moves in.

Submit the following:

- **Application.** Submit *Commercial Building Plan Approval Application* completely filled out.
- **Fee.** Submit fees (*we accept cash, check or credit-card in person*). All fees are due before the plans will be issued.
- **Zoning.** Submit approved permit or documentation from the local zoning officer. *If you do not have it at the time of application, it will be needed before the permit can be issued.*
- **Site-Plan / Overall Building Plan.** Indicate general location of the tenant space and relationship to adjacent occupants.
- **Evidence of Responsibility.** Plans do not require a Design Professional if the proposed occupant is the same type Use Group as the previous tenant for A, B, M & S Use Groups and no major changes are proposed. Change of Occupancy Use Group, tenant activities, submission of illegible plans, or change to other Use Groups, *require the plans to be prepared by a Design Professional.*
- **Fire Department Inspection Recommended.** Contact local Fire Department for Safety inspection and Fire Extinguisher placement.
- **Other Permits:** Other permits such as Fire Suppression, Fire Alarm, Electrical, Mechanical or Plumbing may be required. If alterations, additions or relocation of these types of systems, then individual permits will need to be acquired for each one. Plumbing permits are handled by Greene County Combined Health Department (937-374-5600 or [www.gcph.info/](http://www.gcph.info/)).

For applications and fees, see **Building Regulations Web page.** <http://www.co.greene.oh.us/139/Building-Regulation>

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

### TYPE OF OCCUPANCY

- POP-UP** (Occupancy Application by the Building Owner for multiple Transient Tenants)
  - Tenant leases a maximum of 1 month
    - **Occupancy dates:** \_\_\_\_\_ (Opening to Closing Date)
    - **All walls, doors, countertops, displays and shelving remain in location set by Building Owner.**
    - **Designated exits, exit access ways, and accessible paths identified and maintained.**
    - **Maximum storage height 12'-0"**
- SHORT TERM** (Occupancy Application by the Building Owner for the Tenant and the Tenants requirements)
  - Tenant leases a maximum of 6 months
    - **Occupancy dates:** \_\_\_\_\_ (Opening to Closing Date)
- PERMANENT** (Occupancy Application by the)
  - Tenant lease over 6 months
  - **Occupancy dates:** \_\_\_\_\_ (Opening Date)

**Please provide the following information**

**SITE PLAN**

- Entire Building (Site plan can be aerial map from Greene County GIS website)
- H.C. Parking, Parking, Sidewalks, Curbs, and Ramps.
- Accessible Route from H.C. Parking to Tenant Entrance.
- Indicate Tenant Space within the Building and relationship with other Tenant Spaces or Common Areas.
- Indicate Shared Restroom Facilities and travel distance to Tenant Space.
- Indicate overall dimensions of tenant space.

**CODE NOTES**

▪ **AREA** - \_\_\_\_\_ (Indicate total square feet of area to be occupied)

▪ **USE GROUP** –

○ **Previous Tenant**

▪ **Name** \_\_\_\_\_ **Previous Use Group** \_\_\_\_\_

○ **Proposed Use Group**

- |                   |                              |                              |                              |                              |                              |                       |                              |                              |                              |                              |
|-------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Assembly:</b>  | <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <b>Institutional:</b> | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 |
| <b>Business:</b>  | <input type="checkbox"/> B   |                              |                              |                              |                              | <b>Mercantile:</b>    | <input type="checkbox"/> M   |                              |                              |                              |
| <b>Education:</b> | <input type="checkbox"/> E   |                              |                              |                              |                              | <b>Residential:</b>   | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 |
| <b>Factory</b>    | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 |                              |                              |                              |                       |                              |                              |                              |                              |
| <b>Hazardous:</b> | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 | <b>Storage:</b>       | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 |                              |                              |
|                   |                              |                              |                              |                              |                              |                       | <b>Utility:</b>              | <input type="checkbox"/> U   |                              |                              |

○ **Proposed Activities** \_\_\_\_\_

▪ **DESCRIPTION OF BUILDING:**

○ **Construction components**

- |   |                                      |  |
|---|--------------------------------------|--|
| <b>Roof Framing Structure:</b>            | <input type="checkbox"/> Combustible | <input type="checkbox"/> Non-combustible |
| <b>Exterior Framing Wall Structure:</b>   | <input type="checkbox"/> Combustible | <input type="checkbox"/> Non-combustible |
| <b>Interior Framing Wall Structure:</b>   | <input type="checkbox"/> Combustible | <input type="checkbox"/> Non-combustible |
| <b>Floors/Ceilings Framing Structure:</b> | <input type="checkbox"/> Combustible | <input type="checkbox"/> Non-combustible |

○ **Type Of Construction** \_\_\_\_\_ *(For office use only)*

○ **Number of stories** including basement \_\_\_\_\_

▪ **FIRE SPRINKLER SYSTEM:**       Existing       None

▪ **OCCUPANT LOAD:**

- **Anticipated number of employees** \_\_\_\_\_
- **Maximum number customers expected** \_\_\_\_\_

▪ **NEW FINISHES:**

**Carpet: YES / NO**

- OC FF-1** "pill test"
- Class II Min.** (all occupancies except Institutional)

**Walls and Ceilings**

- Textile** and expanded vinyl wall and ceiling finishes (check the box if using, only permitted in buildings with sprinkler systems.)

**Please provide the following information**

**FLOOR PLANS** – (Provide information below on Plans and check all items that apply.)

- Scaled Drawings**
- Identify and label all Proposed Work**
- Label all rooms** (examples: closet, office, H.C. toilet, stairs and etc....)
- **Dimensions**
  - Overall Tenant Space
  - All Rooms
  - Aisle Width
- **Locate items below on floor plan.**

**Openings:**

- Doors
- Door swings
- Door hardware
- Windows

**Commodity Locations:**

- Combustible
- Flammable
- Hazardous
- Other

**Rated Construction:**

- Rated Walls
- Rated Openings
- Door Closers

**Plumbing fixtures:**

- Sinks
- Toilets
- Drinking Fountains/Water Coolers
- Water Heaters

**Equipment:**

- Misc. Equipment
- Heating Units/Conditioned Air Units
- Electrical Panels

**Interior Accessibility:**

- Indicate 36" Min. clear width Accessible path
- Exit Locations
- Lever door hardware
- Drinking Fountains/Water Coolers
- H.C. toilet facilities and Grab bars
- Modification needed to remove barriers for accessibility

**Furnishings:**

- Tables (indicate size)
- Chairs
- Casework/Cabinets and Countertops
- Shelving

**Fire Safety Feature:**

- Portable fire-extinguisher
- Exit Lights
- Electrical Panels
- Exit Paths
- Fire Alarm Panel

**COMMODITIES LIST:**

(Quantities and special storage requirements)  
Material Safety Data Sheet may be required and other requirements by the Fire Department or Building Regulations.

**Combustible** (Example: Paper, Fabric, Dust, etc...)  
**Flammable** (Example: Cooking Oil, Motor oil, Paints, etc...)  
**Hazardous** (Example: Unstable products, Toxic, Gases, etc....)

Product Name	Quantity	Combustible	Flammable	Hazardous	MSDS Mat'l. Safety Data Sh.	Storage Description <i>Pallets, Shelving, Wrapping, Tanks, Boxed</i>

**Greene County Department of Building Regulation**

667 Dayton-Xenia Road, Xenia, Ohio 45385 (937) 562-7420 / (937) 562-7425 (F) [www.co.greene.oh.us](http://www.co.greene.oh.us)

Rev. Oct. 26, 2017