County of Summit; Building Standards Division

1030 East Tallmadge Avenue Akron, Ohio 44310 330.630.7280 330.630.7296 FAX buildingstandards.summitoh.net

Request for Commercial Partial Occupancy Permit Fee: \$327.54

All life-safety elements shall be operational prior to issuance of any partial occupancy request.

1. Accessibility Features

2. Egress Components

3. Emergency / Exit Lighting

4. Fire Alarm

5. Fire Suppression

6. Portable Fire Extinguishers

NOTES: Permit may be revoked at anytime for noncompliance with terms of issuance.

Requests for partial occupancy shall be received ten (10) days prior to issuance.

Required Information:		
Property Address:		Date:
Project Name:	Building Permit #:	
City: Zip 0	Code:	
Applicant:(Owner, Agent, Tenant)	(Company N	ame)
Address:	City:	Zip:
Telephone:	Cell #:	
Name:(Owner, Agent, Tenant)	Signature:(Owner, Agen	t, Tenant)
Specific Need for Partial Occupancy:		
Specific Dates for Partial Occupancy:		·to
Office Use Only:		
Building / Mechanical Inspector: Approved Not Approved Fire Protection Inspector: Approved Not Approved Local Fire Official: Approved Not Approved		□ Approved □ Not Approved □ Approved □ Not Approved
Issue Date:	Certificate Numbe	r:
Occupancy Limitations:		