

# Request for Special Inspection

Receipt No. \_\_\_\_\_

Permit No. \_\_\_\_\_

**City of Elyria, Ohio  
Building Department**

Site to be inspected: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person (Owner / Tenant, **circle one**), requesting inspection: \_\_\_\_\_

Address of person requesting inspection: \_\_\_\_\_

Owner's Phone No. \_\_\_\_\_ E-mail. \_\_\_\_\_

Tenant's Phone No. \_\_\_\_\_ E-mail. \_\_\_\_\_

**Note: An accurate /dimensioned floor plan of the Building /Space is required identifying rooms, use of each space, furniture, corridors, exit points and proposed occupant load. Additional info maybe required depending on the proposed use of the space. See reverse side for additional information, "Special Inspection Checklist".**

Purpose of Inspection? e.g.: (Child care, preschool, foster care, latch key, group home, carnival, circus, or other specified use) Certificate of use and Occupancy.  
\_\_\_\_\_

Name of business going into site? \_\_\_\_\_

Previous business type? e.g.: (store, hair salon, etc.): \_\_\_\_\_

*While the inspector(s) are at the site, they may discover violations of local, state, federal codes and ordinances, which may be brought to your attention. e.g. (Property Maintenance, Bldg Code, Fire Code, Elec, Plumb, Heat, etc.)*

**All Utilities & Life Safety features must be operational prior to inspections. e.g. (Electric, Plumbing, Heating, Water, Gas, Fire Alarm, Sprinkler, Emergency Exit signs / lights, etc.). Delays, additional repairs, and fees maybe incurred for non-compliance.**  
***\*By signing below, I acknowledge that I understand the policies as contained herein.\****

**Owner's Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

Fees (Section 109.13, Elyria Codified Ordinance)	
1) Child care, Preschool, Foster care, Latch key, Group homes, Certificate of occupancy for existing occupancies, and similar uses.	\$55.00 per building, electrical, heating and plumbing inspection and one reinspection each discipline. <b>(\$226.60 Total / 3% included)</b>
2) Carnivals, circuses and similar uses.	\$55.00 per discipline
3) Inspections requested by owner or agent of non-1, 2, 3 family dwellings.	\$55.00 per discipline
4) Second and subsequent re-inspections of uses listed in (1) (2) and (3).	\$55.00 per discipline
5) Inspections performed outside regular working hours.	\$100.00 per hour, per discipline. <i>(Regular hours are 8:00 a.m. – 4:30 p.m. M-F excluding holidays)</i>

**Building Department Use:**

Date/Time of Appointment \_\_\_\_\_ Subtotal \_\_\_\_\_ State fee 3% \_\_\_\_\_ Total Cost. \_\_\_\_\_

Zoning District \_\_\_\_\_ Inspector \_\_\_\_\_

## Special Inspection Checklist /Re-cap

### -Inside-

- Occupant Load of the Building / space.
- If the building is to be utilized as a Daycare Facility, please list the occupant load and age group range of the children per room /space.
- What was the existing use of the building and what is the future use of the building.
- If there is a change of use e.g.: (B to A-3), it will trigger a full Ohio Building Code (OBC) review which requires a separate submittal.
- Is there an adjacent tenant, space / spaces connected to the building, please provide a detailed floor plan and use of the spaces for each adjacent tenant/ occupant?
- When preparing a floor plan, please list as much detail as possible, e.g.: dimensions of each room, the SQ. footage of the entire building, label each room / designation, furniture location, countertops /sizes, reception area, tables, chairs, shelves, work stations, storage of materials /types /quantities, location of egress exit doors, interior doors / direction of swing, measurements of isle ways, corridors for path of egress, location of Emergency lights & Exit signs, number & type of restroom (Men's /Women's /Handicap accessible, ) facilities, if applicable, etc.
- Is there a fire suppression (sprinkler system) or fire alarm system in the building, is it active / been tested?
- **Storage Room** — If there is storage what is being stored, how much / quantity, and indicate the shelving height.
- **Mechanical Room** — Forced Air, Boiler, Hot Water Tank, etc. If there is other mechanical equipment in the building, what is it used for and where is it located?
- **Kitchen** — Are the appliances new or existing? Indicate location, dimension, and type of appliance, exhaust hood type, size, location and is it suppressed. Size and location of oil containers, grease interceptor, Work stations, shelving, freezer, refrigerator, etc. **Note:** Separate approvals required if the Kitchen Appliances, (Kitchen Hood or Hood Suppression) is altered from that of the original.

### -Outside-

- Number of parking spaces for the building.
- Where are the ADA Handicap parking spaces located?
- Dumpster / enclosure location.
- Number of truck docks and location.
- Sidewalk around building and ADA access ramp to building.
- Cylinder tank / Combustible materials, etc. Separate approvals maybe required.
- Outdoor seating / deck — Provide an accurate site plan of the lot and proposed location of the seating, number of tables, chairs & arrangement, indicate table / chair spacing, ADA accessible location, etc.