City of Euclid

How to obtain a Certificate of Occupancy (C of O) for a New Business

Every business must have a current <u>Certificate of Occupancy</u> (C/O) for use of existing buildings and tenant spaces. A business owner or authorized agent may apply for a C/O under authority of *Section 110* of the Ohio Building Code. The City implements this when a building or tenant space is legally occupied and no change of use, as defined by the Ohio Building Code, has occurred.

In this range of situations, please note the following:

- A request for a C/O requires filling out and submitting the Occupancy Permit Application with three (3) copies of the property site (plot) plan and three (3) copies of the building or tenant space floor plan to the Building Department located at Euclid City Hall.
- ➤ Building Code does not require a design professional's stamp on the drawings. However, the floor plan must be in sufficient detail to document the floor area of the use. If applicable, include a clearly defined legend to differentiate tenant areas and uses.
- ➤ The site (plot) plan <u>must</u> show the following:
 - Property lines;
 - ❖ The building footprint;
 - Clearly identified parking with marked parking spaces; and,
 - ❖ It is helpful to include accessory structures such as fences, dumpster enclosures, *etc*.
- ➤ A non-refundable fee of \$50.00 must be included with the application.
- ➤ A building as well as fire & safety inspection must be scheduled by contacting the Building Department at 216-289-2700, ext. 3907
- ➤ All violations found in the inspection must be corrected and the space re-inspected prior to issuing a C of O.
- ➤ Owners may be required to make alterations to improve handicap access to the property as required by OBC Section 3409.4 and 3409.7.1. Together these sections establish priority goals based on cost feasibility.

JSM: City of Euclid C/O FAQ - Revised 12/28/2020

City of Euclid

Occupancy Permit Application

OF THE PROPERTY SI	Date	
OF THE PROPERTY SI		
TS ENTIRETY OR IT V	TE PLAN AND FLOOR LAYOUT. THE VILL NOT BE PROCESSED. stamp	
eessory uses within t	tenant occupancy:	
☐ New St	ructure	
☐ Change of Occupancy		
☐ Conditional Occupancy		
Telephone:		
Telephone:	Fed ID#:	
	Title:	
State:	Zip:	
Phone:		
the occupancy will be m	rmation is accurate and correct and that above ade until a certificate is issued by the City of ordinances of the City of Euclid.	
	□ New St □ Change □ Conditi Telephone: Phone: lication and the above infonthe occupancy will be meaning the seesory uses within the experience of the occupancy will be meaning to	

Date Established:	
must also register with the City of rement to the tax department at 2	
is section for office use only $\sim^*\sim^*$:~*~*~*~*~*
Construction Type:	
Number of Occupa	nts:
\Box Required	☐ Not Required
Location:	
Location:	
Aisle Width:	
	Date Established: must also register with the City of rement to the tax department at 2 is section for office use only ~*~* Construction Type: Number of Occupa Conditions: Conditions: Location: Location: Location: Location: Location: Location: Location: Location:

(continued over)

WITHHOLDING AND BUSINESS REGISTRATION

CITY OF EUCLID INCOME TAX DEPARTMENT

585 East 222nd Street Euclid, Ohio 44123-2788

Phone: 216-289-8360 Fax: 216-289-2788 www.cityofeuclid.com/community/CityIncomeTax

Name or Corporate Name:			
Business or Trade Name:			
Business Address:			
Date Business Started:		Phone Number:	
Federal Identification Number:			
~*~*~*~*~*~*~*~***********************	~*~*~*~*~* Business Type	*~*~*~*~*~*~*	*~*~*
☐ Sole Proprietor*		Corporation	
☐ Partnership		Limited Liability Corporation	
☐ S-Corporation	☐ Non-Profit Corporation		
☐ Estate or Trust		Governmental	
☐ Financial Organization		Union	
*If Sole Proprietor you must	also complete the Indi	vidual Registration Form	
~*~*~*~*~*~*~**	~*~*~*~*~*	*~*~*~*~*~*	*~*~*
Will you be withholding employment taxes?	☐ Yes	\square No	
More than \$100.00 a month?	☐ Yes	\square No	
First Payroll Date:			
Will you be withholding residence taxes?	☐ Yes	□ No	
Fiscal period Ending Month:			
Person Responsible for Filing Forms:			
Name:	Title:	Phone:	
Signature:		Date:	