



11 Berea Commons
Berea, Ohio 44017

Date: _____

APPLICATION FOR MULTI-FAMILY OCCUPANCY CERTIFICATE

Multi-family structures regulated by Article 2 of the Ohio Basic Building Code, Chapter 4101:2-07 of the Ohio Administrative Code, City of Berea Codified Ordinances Chapter 1347, and National Fire Protection Association 101, Life Safety Code.

The undersigned Owner/Agent hereby makes application for a Certificate of Occupancy for the Multi-Family Dwelling(s) on the premises described below:

Complex Name: _____ **No. of Buildings:** _____

Address: _____ **No. of Suites:** _____

of _____ Efficiencies # of _____ One-Bedroom Units # of _____ Two-Bedroom Units

of _____ Three-Bedroom Units # of _____ Other (describe)

Heating Facilities: _____ Gravity Warm Air _____ Forced Warm Air _____ Hot Water

_____ Steam _____ Other (describe)

Rubbish/Garbage Disposal Facilities: _____ Cans _____ Dumpsters _____ Other

Number of Parking Spaces: # of _____ Enclosed # of _____ Not Enclosed # of _____ Handicapped

Smoke Detectors: Total number installed _____ Number in each unit _____

Insurance Carrier: (Fire) _____
(Name, Address & Telephone Number)

(Liability) _____
(Name, Address & Telephone Number)

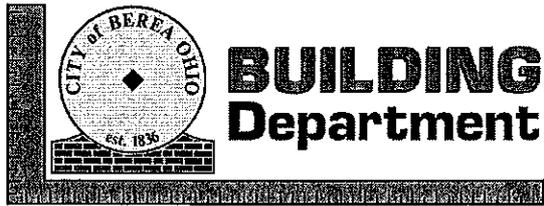
Complete Name & Address of Owner: _____
_____ Telephone: _____

Complete Name & Address of Building Manager: _____
_____ Telephone: _____

Complete Name & Address of Agent: _____
_____ Telephone: _____

Owner or Agent Signature
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Print Signature



TO: OWNERS OF MULTI-FAMILY DWELLINGS (3 UNITS AND ABOVE) IN
THE CITY OF BEREA

FROM: City of Berea Building Department

SUBJECT: Smoke Detectors – Certification

As you are aware, Berea's adoption of the National Fire Code requires smoke detectors to be wired into the electrical systems of each apartment suite within the City of Berea. It has been our experience that in some cases, tenants have disconnected, covered over, or rendered them inoperable.

Please conduct an inspection of the smoke detector units located in your apartments to insure that they are operable, and sign the certification below.

I hereby certify that the smoke detector units installed in the apartments located at

_____ were checked on _____ and are, to the
(DATE)

Best of my knowledge, operable:

Signature

Title (i.e. owner, manager, etc.)

Date

**PLEASE RETURN THIS FORM TO:
CITY OF BEREA BLDG DEPARTMENT, 11 BEREA COMMONS, BEREA, OH 44017
(Along with the application, and payment for invoice)**

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