



City of Mansfield, Codes & Permits
Application for Partial Certificate of Occupancy (CO)

Project Name _____

Application No. _____

Applicant Name _____

Applicant Phone _____

Owner Name _____

Applicant Email _____

Owner Phone _____

Please answer all of the following questions:

1. Describe the area (offices, patient rooms, etc) to be occupied and the scope of occupancy (storage, furniture, racking, merchandise, customers etc.): _____

a. [] Entire Structure -or- [] Floorplan attached with areas marked.

If Partial CO is not intended for the entire structure, attach an 8-1/2"x11" floorplan with area(s) to be occupied clearly indicated and/or highlighted.

2. Has a fire inspection been performed? [] YES [] NO A final fire/life safety inspection is required to be performed by the Mansfield Fire Department. Please contact 419-755-9815 or 419-755-9816 to schedule an inspection.

3. Has a Construction Site inspection been performed? [] YES [] NO For projects with a stormwater management permit, a Construction Site Inspection is required to be performed by the by the City Engineering Department. Please contact 419-755-9702 to schedule an inspection.

4. Has a plumbing partial or final inspection been performed? [] YES [] NO Please contact Richland Public Health at 419-774-4520 for inspection and approvals regarding plumbing work.

5. Describe the work that remains to be completed (use a separate sheet if necessary).

6. At what date will remaining work be completed? ____/____/____

If work is not complete by the expiration date as indicated above, an additional Partial CO application and fees may be required.

Owner Initials _____ Applicant Initials _____ I understand that there are additional inspections required and it is the responsibility of the Owner or Owner's representative to formally request such inspections prior to final occupancy and/or expiration of the approval. All work shall remain exposed and accessible for inspection purposes.

Applicant: I hereby certify that I am the [] Owner [] Agent for the Owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence and approvals in connection with this application should be sent to my attention at the address shown above.

Applicant Signature / Date _____

Owner Signature / Date _____