

**SPRINGFIELD TOWNSHIP APPLICATION FOR CERTIFICATE OF CONFORMANCE**

Springfield Township Offices  
2459 Canfield Road, Akron, Ohio 44312 • 330-794-0134

Business Owner's Name: \_\_\_\_\_

Business Owner's Mailing Address (no P.O. Boxes): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Certificate of Conformance requested for the address at: \_\_\_\_\_

Business Name: \_\_\_\_\_ Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Mailing Address of Property Owner (No PO Box): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Certificate of Occupancy # : \_\_\_\_\_ (May be obtained from the property owner or Summit County Department of Building Standards (SCDBS). If no certificate exists or is not valid one must be obtained.)

**Application Type (Check all that apply)**

\_\_\_\_\_ New use in a new building      \_\_\_\_\_ New use in an existing building      \_\_\_\_\_ Other  
\_\_\_\_\_ Change of use in an existing building      \_\_\_\_\_ Change of occupant in an existing building (same use)

**The building or unit is to be used for the following purpose(s) – check all that apply**

\_\_\_\_\_ Retail      \_\_\_\_\_ Wholesale      \_\_\_\_\_ Recreational      \_\_\_\_\_ General Office      \_\_\_\_\_ Industrial  
\_\_\_\_\_ Restaurant      \_\_\_\_\_ Warehouse      \_\_\_\_\_ Auto Repair      \_\_\_\_\_ Personal Service      \_\_\_\_\_ Other

Description of business: \_\_\_\_\_  
\_\_\_\_\_

**Site Data (a site plan showing the lot, dimensions & location of any structures, setbacks, parking and landscaping is required)**

Estimated completion date of any construction: \_\_\_\_\_

Square footage of building/unit: \_\_\_\_\_ Square Footage of area to be open for public use: \_\_\_\_\_

Parking spaces provided: \_\_\_\_\_ No. of full time employees: \_\_\_\_\_ No. of part time employees: \_\_\_\_\_

New signs needed? \_\_\_\_\_ Changes to existing signs? [1] \_\_\_\_\_ Changes to landscaping? \_\_\_\_\_ Parking changes? \_\_\_\_\_

On site processing/assembly? \_\_\_\_\_ Chemicals in 50 gal + quantities? \_\_\_\_\_ Other on site changes? \_\_\_\_\_

If yes to the above please explain \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* You may need to apply to the Board of Zoning Appeals if your business will include any outdoor storage/sale of goods. \*\*\*\*\*

**I hereby certify that all the information provided on this application is true and accurate.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order for your Application for Conformance to be approved, the Springfield Township Fire Department will be completing a mandatory fire safety inspection of your property

The inspection is to comply with the Ohio Administrative Code 1301:7-7-01(3)101.3, entitled Intent, where the purpose of the Fire Code is to "Establish the minimum requirements consistent with nationally recognized good practice for providing a reasonable level of life safety and property protection from hazards of fire, explosion or dangerous conditions in new and existing buildings, structures and premises and to provide safety to fire fighters and emergency responders during emergency operations."

For your benefit, the following list has been compiled to indicate some of the items we will be looking for during the inspection. This is a general list and an inspection will not be limited to these items.

- Address numbers – New and existing buildings shall have approved address numbers, building numbers or approved building identification placed in a position that is plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background. Address numbers shall be Arabic numerals or alphabet letters. Numbers shall be a minimum of 4 inches (102mm) high with a minimum stroke width of 0.5 inch (12.7mm).
- Exit signs installed, maintained and operating.
- Exit doors operate free of obstacles, aisle ways adequately sized.
- Fire extinguishers properly installed and within test date (usually annually).
- Fire protection systems, such as smoke and heat detectors, fire alarms, hood suppression systems, sprinklers, are operating and have been inspected and tested (usually annually).
- General good housekeeping (including storage of flammable and combustibles).
- Diagram of the building by floor showing exits and utility service locations.

Should you have any questions, please contact the Springfield Fire Department at (330) 734-4130, between the hours of 9:00AM and 4:00PM.

**\*\*\*\*\* THE FEE MUST BE PAID WITHIN SEVEN (7) DAYS OF THE FINAL INSPECTION\*\*\*\*\***

**FIRE INSPECTION / ZONING APPROVAL**

Summit County Certificate of Occupancy Permit # (from application): \_\_\_\_\_

Building Use Classification: \_\_\_\_\_

Fire Inspection Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Re-inspection \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Re-inspection Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Description of Use: \_\_\_\_\_  
\_\_\_\_\_

Springfield Township Fire Official \_\_\_\_\_ Zoning Administrator \_\_\_\_\_

Zoning Certificate of Conformance Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Fee Due: \_\_\_\_\_ Date fee paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_