



Grove City Building Division
4035 Broadway
Grove City, OH 43123
614-277-3075 (Phone)
614-277-3090 (Fax)
GroveCityOhio.gov

TEMPORARY SHELTER PERMIT APPLICATION

A permit is required to provide temporary shelter to persons in any legal building that is not classified as "R" use group. You should understand and follow the instructions on the [following four pages](#) if you are proposing to provide a temporary shelter.

Duration of use. Facilities may be used as temporary shelter for a period of time not to exceed seven consecutive days during a 30-day period, and a maximum of 35 days in any calendar year. Facilities may provide temporary overnight shelter to no more than 15 persons in one 24-hour period.

Limitations on existing buildings. All persons receiving temporary shelter shall sleep and eat within the building. No person shall eat or be housed in tents, lean-tos or other temporary facilities. No building or structure shall be erected, enlarged or modified for temporary shelter without an approved permit as required by the Ohio Building Code.

Conformance with local and state laws. A facility providing temporary shelter to persons must be operated in conformance with all local and state laws. The City will conduct safety inspections to ensure that:

- The number of persons sheltered in a facility does not exceed the maximum square footage and occupancy standards contained in the Ohio Building Code; and
- The facility has adequate egress and fire detection systems for life safety.

Completed application forms. A separate application shall be filed for each site. Each application must be signed by one of the following:

- All owners of the real property included in the site; or
- A person having lawful power of attorney therefore.

Description of subject property. A description of the property is required encompassing the property and listing the address and parcel I.D. A simple drawing of the proposed area of the building must be submitted with the application.

Building plans. There are two options to obtain occupancy and use approval under the Ohio Building Code, select one.

1. **Change of use.** Owner may request a one-time application for change of use by submitting construction documents with an application in an existing building involving no new construction or additional square footage. This includes four copies of plans and information showing: description of building and address; clear outline of the building and area where shelter activities will occur; determination of compliance with change in occupancy/use as delineated in the Ohio Building Code, including means of egress, sanitary facilities, light and ventilation features, fire-resistance rating of building, fire protection features and cooking facilities.
2. **Time-limited occupancy.** Ohio Building Code Section 110.1.5 permits an alternative building use for a specific time limit provided there are no pending building violations and, after inspection, the proposed use is not deemed to endanger public safety or welfare. Upon written request of the owner, the building official may approve use for an alternative purpose on a temporary basis, contingent upon compliance with all special conditions. Owner must submit a written request using Form A for each intended period of use. Certificate of Occupancy will be valid only for that specific period.

Management plan. A Permit Application for temporary shelter in facilities must contain a management plan that describes the physical and operational characteristics of the proposed use.



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TEMPORARY SHELTER PERMIT APPLICATION

Application Type Initial Application Permit Renewal

Property Address _____

Parcel I.D. _____

This operation will commence _____ and conclude _____.

Description of Property:

Existing Property Use _____

Proposed Property Use _____

CONTACT PERSON

Print Name _____

Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

Email Address _____

OFFICE USE

Date Entered _____

Date Issued _____

APPLICATION APPROVAL

Grove City Building Division

Grove City Division of Police
 or Franklin County Sheriff

Jackson Township Fire Department

 Chief Building and Zoning Official

 Police Chief/Sheriff

 Fire Chief



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TEMPORARY SHELTER MANAGEMENT PLAN

A permit application for temporary overnight shelter in facilities must contain a management plan which describes the physical and operational characteristics of the proposed use. Answers to the following questions constitute such a management plan. You may attach additional sheets if necessary.

DURATION OF USE

Will facilities be used as temporary overnight shelter for homeless persons for a maximum of 35 days in any calendar year? Yes No

Will facilities provide a temporary overnight shelter to homeless persons to no more than 15 persons in one 24-hour period? Yes No

Birth to 18 months: _____ clients 19 months to 17 years: _____ clients 18 years or older: _____ clients

CLIENT SUPERVISION

Who will operate the shelter program? Name _____

Phone Number _____ Email _____

Who will supervise the shelter program? Name _____

Phone Number _____ Email _____

How will clients who are denied access to the shelter be escorted from the premises?

How are clients transported to/from the site?

Will registered sex offenders be housed at this location? ___ Yes No

Do you have a system in place to identify registered sex offenders? Yes No

It is recommended that the operators of the shelter maintain an emergency log with guests' names, next of kin and contact information.

BUILDING APPROVAL

Option A: Building plans have been submitted to the building official for a change of use. Yes No
 Required for initial application and renewal only if changes to building use.

Option B: The owner shall submit a written request for time-limited occupancy for each period. Yes No
 Attach simple floor plan drawing for area of building proposed for use.

Will shelter activities be located in tents, lean-tos or other temporary structures? Yes No

DOCUMENTATION OF EVACUATION AND EMERGENCY TRAINING

Persons acting as "supervisors" of "overnight guests" at locations that house these persons for this program shall be trained in, but not limited to, the following minimal actions for emergency response:

Know the location of evacuation routes, including two means of egress from all "sleeping areas" in the building. Yes No

Location of the "accountability points" outside the building in case of a fire. Yes No

Location of and training in the use of portable fire extinguishers. Yes No

Location of and access to telephones for emergencies of any type. Yes No

Knowledge of the stipulations placed in the variance for the program to continue. Yes No
 (e.g. fire department being notified, no portable cooking equipment, no smoking, etc.)



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TEMPORARY SHELTER MANAGEMENT PLAN

SHELTER OPERATION

Smoking is strictly prohibited in any portion of the building. Legible "No Smoking" signs shall be posted throughout all areas of the building in which "guests" stay. Yes No

Candles are strictly prohibited. Yes No

An approved fire alarm system shall be located and operational in all areas where "guests" are sleeping. The fire-alarm system shall be in operation at all times the "guests" are staying in the building. Yes No

Emergency evacuation plan shall be developed and routes shall be posted from all areas of the building in which any person participating in the program has access. Yes No

Portable cooking and unapproved heating equipment is not allowed in the building. Yes No

Portable fire extinguishers must be present and accessible to all persons involved in the program, in all areas used by the program participants. Yes No

There shall be two approved means of egress from any area or rooms where the program "guests" are staying overnight in the building. Yes No

The overnight stays of "guests" are limited to the hours between 5 p.m. and 9 a.m. No stays longer than seven consecutive days are permitted. Yes No

All persons acting as supervisors to the "guests" shall be trained in the procedures to follow in the event of a fire in the facility. Yes No

At least one person supervising the "guests" must be awake and oriented during the hours "guests" are present (between 5 p.m. and 9 a.m.). Yes No

An operational telephone system shall be immediately accessible to any occupant of the building at all times during the program in the event of an emergency. Yes No

The Grove City Building Division shall be notified of the presence of these "guests" a minimum of two weeks prior to commencement of the event. Yes No

The Grove City Building Division and the Jackson Township Fire Department shall conduct an inspection of the facility prior to the event commencing to ensure that all life-safety systems and procedures are in place for the program. Any life-safety features that are not functional at the time of the inspection shall be corrected prior to the commencement of the program. Failure to correct the problems will result in the revocation of the permit. Yes No

A copy of the approved fire-safety and evacuation plan shall be available onsite at all times. Yes No

SIGNATURE OF OWNER

Name _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Signature _____ Date _____



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TEMPORARY SHELTER PERMIT APPLICATION

FORM A: REQUEST FOR TIME-LIMITED OCCUPANCY CERTIFICATE

FROM: Contact Name _____
 Applicant Site _____
 Address _____
 City _____ State _____ Zip _____
 Email _____

TO: Michael P. Boso
 Chief Building & Zoning Official
 City of Grove City
 4035 Broadway
 Grove City, OH 43123

Please accept this request for a time-limited Certificate of Occupancy for the above-named location for the purpose of conducting a temporary homeless shelter.

This operation will commence _____ and conclude _____
 in conjunction with this request, we attest that:

- The maximum number of occupants for this timeframe will not exceed 15 guests (not including shelter volunteers). Yes No
- A valid fire-code permit has been obtained for this special use and location. Yes No
- All provisions delineated under the fire code have been satisfied. Yes No
- No structural changes have been made to the above building since last use. Yes No
- There are no pending violations of law or orders of the Building Division. Yes No
- The Jackson Township Fire Department has been notified and will perform an inspection prior to this use. Yes No

Thank you,
 Signature (Owner's Representative) _____
 Printed Name _____
 Title _____ Date _____