



CITY OF CLEVELAND
DEPARTMENT OF BUILDING AND HOUSING
Cleveland City Hall
601 Lakeside Avenue
Cleveland, Ohio 44114

Complete all sections; type or print neatly

STRUCTURAL CERTIFICATION

Parking Structures

(Cleveland Code, CCO 3143.04)
THIS FORM TO BE SUBMITTED TO:
Room 505 Cleveland City Hall
Filing Fee \$230.00

1 Filing Information Registration # _____ Report Date: _____
 Inspection Date _____ Year Constructed _____

2 Location Information – Must use the address assigned by the City’s Board of Revision of Taxes

Building Address: _____ Parcel # _____
 Owner/Agent/Site Contact: _____ Phone Number: _____

3 Building Characteristics

Use Type: ___ Free Standing Garage ___ Accessory Garage
 Number of Stories: _____ Height: _____ Number of Parking Spaces _____
 Structural Materials (Select All that Apply) ___ Concrete ___ Metal ___ Masonry ___ Wood ___ Other

4 Inspection Status Information

___ SAFE CONDITION ___ SAFE WITH A MAINTENANCE PLAN ___ UNSAFE / IMMINENT DANGER

INSPECTIONS CONDUCTED ACCORDING TO SEI/ASCE 11-99 SHALL BE IDENTIFIED BELOW

The professional conducting the inspection shall determine if a Detailed Assessment is required per SEI/ASCE 11

<p>2.3 PRELIMINARY ASSESSMENT</p> <p>Check All that Apply</p> <p>___ 3.2 Condition Assessment of Structural Concrete</p> <p>___ 3.3 Condition Assessment of Metals</p> <p>___ 3.4 Condition Assessment of Masonry</p> <p>___ 3.5 Condition Assessment of Wood</p>	<p>2.4 DETAILED ASSESSMENT</p> <p>Check All that Apply</p> <p>___ 3.2 Condition Assessment of Structural Concrete</p> <p>___ 3.3 Condition Assessment of Metals</p> <p>___ 3.4 Condition Assessment of Masonry</p> <p>___ 3.5 Condition Assessment of Wood</p>
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5 Professional Responsible for Inspection

Name: _____ Company: _____ License #: _____
 Company Address: _____
 Company Phone/Fax/Email: _____

6 Owner of Record Information (NOT Agent, Site Contact or Business Manager)

Name: _____ Company: _____
 Address: _____
 Company Phone/Fax/Email: _____

7 Signature Statements

FOR OWNER / OWNER REPRESENTATIVE

I hereby state that I am the owner(s) representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the report and am aware of the required repairs and/or maintenance, if any, and the recommended time frame for the same. I certify that all items noted for actions in the previous cycles report have been corrected / repaired.

NAME: _____
 SIGNATURE: _____

FOR PROFESSIONAL:

I hereby state that the owner(s) representative has authorized me to submit this report. Furthermore, I hereby state that all reporting and inspection requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner(s) representative.

APPLY
SEAL HERE

SIGNATURE: _____