

1st STOP CHECKLIST: MATERNITY BOARDING HOUSE

REQUIREMENTS & REGULATIONS

“**Maternity home**” means a facility for pregnant girls and women where accommodations, medical care, and social services are provided during the prenatal and postnatal periods.

“**Maternity home**” **does not** include a private residence where obstetric or newborn services are received by a resident of the home. Maternity boarding houses are licensed by the local health department. Contact the health department in the county in which the maternity boarding house will be located.

- [] Contact the **Ohio Environmental Protection Agency (EPA)** for information about the proper disposal of hazardous and solid waste. The EPA can be reached at **(614) 644-3020 for General Inquiries** or **(800) 329-7518 for Office of Compliance Assistance and Pollution Prevention**. The Ohio EPA is also on-line at www.epa.state.oh.us.
Remember to check local government agencies.

- [] More information can be found in **Ohio Revised Code (ORC) Section 3711** and **Ohio Administrative Code (OAC) Section 3701:7**. The **ORC** and **OAC** can be found in your local library and on-line at <http://codes.ohio.gov> .

For more help, contact your local Small Business Development Center (SBDC).

www.ohiosbdc.ohio.gov

REMEMBER TO CHECK LOCAL GOVERNMENT AGENCIES

THIS CHECKLIST IS ABOUT STATE REQUIREMENTS.



Department of Commerce

Division of State Fire Marshal

Application for Single Room Occupancy License

Filing instructions

- A. Application must be typewritten or neatly printed.
- B. Submit a check or money order payable to: **Treasurer, State of Ohio.**
- C. Provide documentation of use group classification in accordance with Ohio Administrative Code section 1301:7-7-01(R)(10), Ohio Fire Code section 118.10 (copy of certificate of occupancy must be attached to application).
- D. Fee and license non-transferable. Display in a conspicuous and public manner.
- E. License will be issued following an acceptable final inspection.

License fee schedule

Initial one time fee for newly constructed:	Initial fee for existing facilities:
Exterior corridor rooms only: \$2,000.00	6-110 sleeping rooms: \$110.00
Interior corridor rooms only: \$3,000.00	111 or more sleeping rooms: \$1.00 per room
Exterior, interior corridor rooms with multi-purpose rooms: \$4,000.00	

Name of facility _____

Address: _____ City: _____

State: _____ Zip code: _____ County: _____ Business phone(____) _____

Number of rooms: _____

Name of manager/operator: _____

Name of owner: _____ Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Phone(____) _____ Email _____

ID Number. 48 - _____ - _____

Name of facility _____

Filing instructions

- A. Specify if sleeping accommodations are offered to guests for thirty days or less.
- B. Specify which rooms are being offered for occupancy for thirty days or less. If room numbers have been assigned, please provide facility site plans identifying the room locations.
- C. Retain copy and maintain for code official review.

Total number of sleeping rooms offered at facility: _____

Number of sleeping rooms offered for thirty days or less: _____

Provide the room numbers which are offered for thirty days or less below: (attach a separate page to application, if additional space is needed)

Room Type	Number of Rooms	Room Fee

Owner signature: _____ Title: _____ Date: _____

Inspector signature: _____ Date: _____

Supervisor signature: _____ Date: _____