**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.
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: $2,000.00
Exterior corridor rooms only: $2,000.00
Interior corridor rooms only: $3,000.00
Exterior, interior corridor rooms with multi-purpose rooms: $4,000.00

Initial fee for existing facilities:
6-110 sleeping rooms: $110.00
111 or more sleeping rooms: $1.00 per room

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 ____________________________

1 of 2
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)

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Number of Rooms</th>
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Owner signature: _________________________ Title: ____________________ Date: ______

Inspector signature:_______________________________________ Date:________________

Supervisor signature:______________________________________ Date:_________________