



DIVISION OF HOUSING AND BUILDING
 12650 DETROIT AVENUE LAKEWOOD, OHIO 44107
 PHONE (216) 529-6270 FAX (216) 529-5930
 Website: www.onelakewood.com

Application for Commercial Plan Approval

For projects subject to the provisions of the Ohio Building Code.

Project Building Location

*Street Address _____
 Floor # (if applicable) _____ Suite # (if applicable) _____
 *Construction Type _____ Footprint Area _____
 Number of Stories _____ Total Building Area _____

Project Information: OBC 107.2.3

*Project Type (check all that apply)
 New Building Alterations Addition Repairs
 Fence, Pool, Driveway, Landscaping or Shed Signage

*Project Scope: OBC 107.2.1 (check all that apply)
 Demolition of Principle Structure General Building
 Mechanical Electrical Plumbing
 Fire Alarm Fire Sprinkler Site Work over 8,000 sf

Project Use, Area and Occupant Load:

*Description of Intended Use: _____
 Occupancy Classification(s) per OBC 302.1: _____
 For Mixed Occupancy per OBC 508.1
 Separated Non-separated Accessory only

*Total Project Area (SF) _____
 *Total Occupant Load: _____
 *Valuation (Project Cost): _____

*Project Description (Purpose):
 (Include project name, location, scope of work, etc.)

Construction Documents:

No. of Sets: _____ *Date on Plans: _____

Fire Protection System

(Indicate all that apply as "E" for Existing, "N" for New)

Building Sprinkler System _____ Limited Area Sprinkler System _____
 In-rack Sprinkler System _____ Demand: Riser Base _____ (psi)
 Kitchen Hood Suppression _____ Fire Alarm System _____
 Fire Detection System _____ Smoke Detection System _____

Applicant Information: OBC 107.2

(Owner or designated representative)

*Name _____
 *Business Name _____
 *Street Address _____
 *City, State, Zip _____
 *Phone Number _____
 *Email Address _____

Registered Design Professional

(Person primarily responsible for preparation of documents)

Architect Engineer Certified Fire Protection System Designer N/A

Name _____
 Firm or Business _____
 Certificate/ Registration # _____
 Street Address _____
 City, State, Zip _____
 Contact Person _____
 Phone Number _____
 Email Address _____

Certification: OBC 107.2.5

(Owner or designated representative)

I certify that I am the building Owner Owner's Authorized Agent.

All information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. I consent to these plans being reviewed in the order of plans examination determined by the building official.

*Signature _____
 *Print Name _____
 *Date of Application _____

Building Department Use

(To be completed by Building Department staff)

Case Number _____
 Date Received _____ Received By _____

Other Approvals Required: prior to permit issuance (check all that apply)

Fire Marshall: Y N N/A
 Engineering: Y N N/A
 Planning / Zoning: Y N N/A

Plan Review Fees: (check all that apply)

Outsied Plans Examiner Stormwater Review

PLANS EXAMINATION

DO NOT FORWARD TO NEXT REVIEWER — RETURN TO HOUSING & BUILDING

PLEASE RETURN WITH COMMENTS WITHIN FIVE WORKING DAYS

ATTACHMENTS: _____

DATE OF PLANS: _____

DEPARTMENT	COMMENTS	Reviewed/ Date
TO: <u>FIRE</u> ROUTED: _____ RETURNED: _____		
TO: <u>WATER</u> ROUTED: _____ RETURNED: _____		
TO: <u>DIRECTOR OF PUBLIC WORKS- ENGR/STREETS</u> ROUTED: _____ RETURNED: _____		
TO: _____ ROUTED: _____ RETURNED: _____		