



MAIN (216) 529-6270

FAX (216) 529-5930

[building.permits@lakewoodoh.net](mailto:building.permits@lakewoodoh.net)

[www.onelakewood.com](http://www.onelakewood.com)

DIVISION OF HOUSING AND BUILDING  
12650 DETROIT AVENUE • LAKEWOOD, OHIO 44107

## APPLICATION FOR COMMERCIAL PLAN APPROVAL

(For projects subject to the provisions of the Ohio Building Code Section 107.2)

**ALL INFORMATION MUST BE PROVIDED AND LEGIBLE**

| Project Location [OBC 107.2-2]:   | Applicant Information [OBC 107.2-5]<br>(Building Owner or Representative)  |
|---|--|
| Street Address: _____<br>Floor Number: _____ Suite: _____<br>Is this building in the floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Name: _____<br>Business Name: _____<br>Mailing Address: _____<br>City/State/Zip Code: _____<br>Phone Number: _____<br>For Best Service Provide Email Address: _____  |
| <b>Project Information [OBC 107.2-1]:</b><br>(Project Use and Occupancy [OBC 107.2-3])  | <b>Registered Design Professional [OBC 106.2.1]</b>  |
| <b>Project Type (check all that apply):</b><br><input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair<br><input type="checkbox"/> Fence, pool, paving, landscaping, shed, tent, other <input type="checkbox"/> Sign  | <input type="checkbox"/> Architect <input type="checkbox"/> Engineer<br><input type="checkbox"/> Certified Fire Protection System Designer <input type="checkbox"/> NA   |
| <b>Project Scope (check all that apply):</b><br><input type="checkbox"/> Demolition <input type="checkbox"/> General Building <input type="checkbox"/> Mechanical (HVAC)<br><input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Protection (see below)<br><input type="checkbox"/> Site Work over 8,000 sq. ft. | Name: _____<br>Firm or Business: _____<br>Certificate or Registration Number: _____  |
| Describe the (proposed) use (e.g.: Restaurant, boutique, office, etc.):<br>_____  | Mailing Address: _____<br>City/State/Zip Code: _____<br>Contact Name: _____<br>Contact Phone: _____<br>For Best Service Provide Email Address: _____   |
| Occupancy class [OBC Chapter 3]: _____<br>If Mixed Use [OBC 508.1] check one:<br><input type="checkbox"/> Separated <input type="checkbox"/> Non-separated <input type="checkbox"/> Accessory only  | <b>Certification [OBC 107.2.5]</b>   |
| Construction Type [OBC Chapter 6]: _____  | I certify that I am the building <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Authorized Agent  |
| Total Project Work Area: _____ Sq. Ft.  | All information provided on 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 mailing address above. I consent to these plans being reviewed in the order of plans examination determined by the building official.                         |
| Total cost of construction (valuation): \$ _____  | Signature: _____<br>Printed Name: _____<br>Date of Application: _____  |
| Describe the project:<br>_____<br>_____<br>_____  | <b>For Building Department Use</b>   |
| <b>Fire Protection Systems [OBC 106.1.1.1]</b><br>(Indicate all that apply as "E" for Existing, "N" for New, or NA if none)   | Case Number: _____<br>Date Received: _____<br>Received By: _____   |
| Building Sprinkler System ____ Limited Area Sprinkler System ____<br>In-Rack Sprinkler System ____ Demand at Riser Base _____ psi<br>Kitchen Hood Suppression ____ Fire Alarm System ____<br>Fire Detection System ____ Smoke Detection System ____   | Other Approvals Required (prior to permit issuance):<br>Fire Marshall: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>Engineering <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>ABR/Planning/Zoning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| <b>Required Construction Documents [OBC Section 106]</b><br>3 sets required for Building Department plus<br>1 set for Fire Department Review (if applicable)<br>1 (Civil) set for Engineering Review (if applicable)<br>Date on Plans: _____  | Plan Review Fees<br>Outside Plans Examiner: \$ _____<br>Stormwater Review: \$ _____  |

**PLANS EXAMINATION ROUTING SLIP**

**DO NOT FORWARD TO NEXT REVIEWER – RETURN TO THE BUILDING DEPARTMENT**

**PLEASE RETURN WITH COMMENTS **WITHIN** FIVE WORKING DAYS**

**ATTACHMENTS:** \_\_\_\_\_

**DATE OF PLANS:** \_\_\_\_\_

| <b>DEPARTMENT</b>  | <b>COMMENTS</b> | <b>REVIEWED<br/>DATE</b> |
|--|-----------------|--------------------------|
| TO: PLAN<br>EXAMINER<br>ROUTED: _____<br>RETURNED: _____ |                 |                          |
| TO: LDFP<br>ROUTED: _____<br>RETURNED: _____             |                 |                          |
| TO: WATER DEPT.<br>ROUTED: _____<br>RETURNED: _____      |                 |                          |
| TO: CITY ENGINEER<br>ROUTED: _____<br>RETURNED: _____    |                 |                          |
| TO: LPD<br>ROUTED: _____<br>RETURNED: _____              |                 |                          |
| TO: _____<br>ROUTED: _____<br>RETURNED: _____            |                 |                          |