



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 Residential Plan Approval

For projects subject to the provisions of the Residential Code of Ohio, including detached one-, two-, and three-family dwellings and structures accessory to those dwellings except as indicated by RCO section 101.2, Scope.

Project Building Location

*Street Address _____
 *Owner Occupied? Y N
 *Owner Name _____
 *Owner Phone Number _____

Project Information: RCO 107.2

(Check one that best describes the project)

Basic Project Types:

- New Home Alteration
- Demolition of Principle Structure Addition

Miscellaneous Project Types:

- Garage Rear Deck Front Porch
- Siding Cabinets Fixture Replacement
- Paving >100sf Shed >120sf Fence
- Swimming Pool Waterproofing Water Controlling

Equipment Installation or Replacment:

- Water Heater Furnace or A/C Boiler
- Electrical Panel Solar Power Solar Heating

Project Extents:

(Include total area and total cost including sub-trades)

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

***Project Description:**

(Include project name, location, scope of work, etc.)

Construction Documents:

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

Applicant Information: RCO 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: RCO 107.2

(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)

- Dye Test: 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

