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

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: _____

DEPARTMENT	COMMENTS	REVIEWED DATE
TO: PLAN EXAMINER ROUTED: _____ RETURNED: _____		
TO: LDFP ROUTED: _____ RETURNED: _____		
TO: WATER DEPT. ROUTED: _____ RETURNED: _____		
TO: CITY ENGINEER ROUTED: _____ RETURNED: _____		
TO: LPD ROUTED: _____ RETURNED: _____		
TO: _____ ROUTED: _____ RETURNED: _____		