



**Building Department**

**APPLICATION FOR CERTIFICATE OF PLAN APPROVAL**

1. **OBC Edition:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

2. **Submitter:** \_\_\_\_\_ **PERMIT NO.:** \_\_\_\_\_

3. **Scope of Project**

<input type="checkbox"/> Structural	<input type="checkbox"/> Sprinklers
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Medical Gas
<input type="checkbox"/> Electrical	<input type="checkbox"/> Industrialized Unit
<input type="checkbox"/> Plumbing	<input type="checkbox"/> _____

4. **Square Footage of New Work:**

Basement: \_\_\_\_\_

First Floor: \_\_\_\_\_

Second Floor: \_\_\_\_\_

Other (Mezz., 3, 4...): \_\_\_\_\_

5. **Permanent Parcel number:** \_\_\_\_\_ **Total Square Footage:** \_\_\_\_\_

6. **Exact Location of Project:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. **Owner's Name:** \_\_\_\_\_

Firm name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

8. **Contractor**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

9. **Plans Prepared By:**       Architect       Engineer       Other      Ohio Registration No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

10. **Designate Flood Plain Zone:** \_\_\_\_\_

11. **Has Zoning been approved?**       Yes       No       Not Applicable

12. **Describe exact use of Building:** \_\_\_\_\_

13. **Nature of Job / Project:**       New       Addition       Alteration       Change of Use

14. **Description of work being performed:** \_\_\_\_\_

15. **Type of Construction:**       1A       1B       2A       2B       3A       3B       4       5A       5B

16. **Current OBC use group:** \_\_\_\_\_

17. **Occupant Load:** \_\_\_\_\_

18. **Proposed Use Group:**

<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> A5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F1
<input type="checkbox"/> F2	<input type="checkbox"/> H1	<input type="checkbox"/> H2	<input type="checkbox"/> H3	<input type="checkbox"/> H4	<input type="checkbox"/> H5	<input type="checkbox"/> I1	<input type="checkbox"/> I2
<input type="checkbox"/> I3	<input type="checkbox"/> I4	<input type="checkbox"/> M	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> R4	<input type="checkbox"/> S1
<input type="checkbox"/> S2	<input type="checkbox"/> U						

19. **IF Use group S what is the nature of materials being stored?**       Combustibles       Non-Combustibles

20. **IF Use Group R1, R2, R3, R4 – Specify number of units:** \_\_\_\_\_

21. **IF Use Group I2 – Specify Number of beds:** \_\_\_\_\_



**THE CITY OF NORTH RIDGEVILLE**  
**7307 Avon Belden Road, North Ridgeville, Ohio 44039**  
**Telephone: (440) 353-0822 Fax: (440) 353-0823**



**Building Department**

**HVAC** Heat:  New  Replacement A/C:  New  Replacement Fireplace:  New  Replacement

Furnace Capacity: \_\_\_\_\_ BTU's Water Heater Capacity: \_\_\_\_\_ BTU's

Furnace Fuel Type:  Natural Gas  L.P. Gas  Electric  Other \_\_\_\_\_

Water Heater Fuel Type:  Natural Gas  L.P. Gas  Electric  Other \_\_\_\_\_

Air Conditioner Capacity: \_\_\_\_\_ Tons Ductwork Type:  Sheet metal  Duct board

**PLUMBING**  New  Alteration  Service Line **Indicate fixture count below:**

Count		Count		Count	
Backflow Device _____	Grease Interceptor _____	Shower _____	Water Heater _____		
Bath Tub _____	Hose Bibb _____	Sink _____	Other _____		
Clothes Washer _____	Laundry Tub _____	Sump Pump _____	Other _____		
Dishwasher _____	Lavatory _____	Tub _____	Other _____		
Drinking Fountain _____	Pressure Reducing Valve _____	Urinal _____	Other _____		
Floor Drain _____	Sewage Ejector _____	Water Closet _____	Other _____		

Water Distribution System  Copper  PVC / plastic

**ELECTRICAL**  New  Alteration / Addition  Service Change: Amps \_\_\_\_\_  Service Entrance

**INFORMATION BELOW IS TO BE COMPLETED BY APPLICANT BEFORE A BUILDING PERMIT WILL BE ISSUED**

TRADE	NAME OF CONTRACTOR	REGISTERED	
Masonry	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carpentry	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVAC	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Steel Erectors	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor Covering	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drywall	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excavator	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool Erector	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landscaper	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTE:** All contractors submitted regarding this permit, must be registered and approved by the Building Dept. for the current year.

Property Owner's Signature \_\_\_\_\_

Est. Cost of Construction \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Sidewalk Ordinance received date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Plan Examiner

\_\_\_\_\_ Date

\_\_\_\_\_ Chief Building Official

\_\_\_\_\_ Date