

GENERAL INFORMATION

Construction site address _____

Permanent parcel number _____

City, state & zip code _____

Proposed business name _____

CONTRACTOR INFORMATION

Contractor _____

Contractor address _____

Contractor phone _____

Contractor email _____

PROPERTY OWNER INFORMATION

Property owner _____

Property owner address _____

Property owner phone _____

Property owner email _____

DESIGN PROFESSIONAL INFORMATION

Plans were prepared by: Architect Engineer Other: _____ Ohio Registration #: _____

Name & Firm _____

Address _____

Phone _____

Email _____

SCOPE OF CONSTRUCTION

- | | | | |
|-------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Medical Gas | <input type="checkbox"/> Industrialized Unit | <input type="checkbox"/> Other: _____ |

SQUARE FOOTAGE:
 Number of Floors (1,2, Mezz. Basement, etc.): _____
 Floors Subject to project: _____
 Square Footage of New Work: _____
 Total Square Footage: _____

CONSTRUCTION TYPE: 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B

ZONING:
 Has Zoning Been Approved? Yes No Not Applicable
 Zoning Dist.: _____ Flood Plain Zone: _____

Description of work being performed: _____

USE GROUP

Describe Exact Use of Building: _____

Current Use Group: _____ Current Occupant Load: _____

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 | If Use Group I2, # of beds: _____ |
| <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 | If Use Group R1-4, # of Units: _____ |
| <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> S1 <input type="checkbox"/> S2 | If Use Group S What Materials will be stored?
<input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible |

Commercial Application for Plan Approval
BUILDING DIVISION



SUBCONTRACTORS

All contractors performing work related to this permit must be registered and approved by the Building Division for the current year.

SUBTRADE	CONTRACTOR NAME
Masonry	_____
Carpentry	_____
Plumbing	_____
Electrical	_____
HVAC	_____
Drywall	_____
Excavator	_____
Pool Erector	_____
Landscaper	_____
Other	_____

PERMIT FEES
To be calculated by Building Div.
PERMIT: _____
STATE 3%: _____
ADMIN: _____
TOTAL: _____

HVAC

Furnace: <input type="checkbox"/> New <input type="checkbox"/> Replacement Furnace Capacity: _____ BTUs Furnace Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> L.P. Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____ Ductwork Type: _____	A/C: <input type="checkbox"/> New <input type="checkbox"/> Replacement A/C Capacity: _____ Tons Condensing Unit Location: _____	Fireplace: <input type="checkbox"/> New <input type="checkbox"/> Replacement Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> L.P. Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____
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PLUMBING

- New
 Alteration
 Replacement
 Service Line
 Water Distribution System: Copper Pex PVC / CPVC

Indicate fixture count below:

# of Sinks	_____
# of Toilets	_____
# of Tubs/Showers	_____
# of water connected appliances	_____

Building Main Drain size: _____
 Building Water Service size: _____
 Water Heater Fuel Type: Natural Gas L.P. Gas
 Electric Other: _____
 Water Heater Capacity: _____ BTUs

ELECTRICAL

- New
 Alteration/Addition
 Service Change

Grounding Electrodes to be used: Ground Rods CEE/UFER Water line Service Amps: _____
 Additional information may be required for final approval of electrical systems.

The following information must be clearly identified on the construction drawings: furnace location, water heater location, vent termination for dryer, furnace & water heater, water meter location.

Est. Cost of Construction: _____ Sidewalk Ordinance Received Date: _____
 Property Owner's Signature: _____ Date _____
 Applicant's Signature: _____ Date _____

APPLICATION AUTHORIZATION

 Authorized Signature

 Date