



# City of North Ridgeville

## Building Department

7307 Avon Belden Rd, North Ridgeville, OH 44039

Phone: (440) 353-0822 Fax: (440) 353-0823



### COMMERCIAL PLAN APPROVAL APPLICATION

1. OBC Edition: \_\_\_\_\_

DATE: \_\_\_\_\_

2. Submitter: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

#### 3. Scope of Project

- Structural       Sprinklers
- Mechanical     Medical Gas
- Electrical       Industrialized Unit
- Plumbing       Other: \_\_\_\_\_

#### 4. Square Footage of New Work: \_\_\_\_\_

Number of Floors (Basement, Mezz., 1, 2, 3...): \_\_\_\_\_

Floors subject to the scope of this project: \_\_\_\_\_

5. Permanent Parcel number: \_\_\_\_\_

Total Building Square Footage: \_\_\_\_\_

#### 6. Exact Location of Project:

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

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

7. CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

8. PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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:  A1  A2  A3  A4  A5  B  E  F1  F2  
 H1  H2  H3  H4  H5  I1  I2  I3  I4  M  U  
 R1  R2  R3  R4  S1  S2

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: \_\_\_\_\_



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### COMMERCIAL PLAN APPROVAL APPLICATION

**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:**

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

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Est. Cost of Construction: \_\_\_\_\_ Sidewalk Ordinance received date: \_\_\_\_\_

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

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