



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)

Street Address _____
Floor Number _____ Suite _____
Is this building in the floodplain? Yes No

Project Information (OBC 107.2-1)

(Project Use and Occupancy [OBC 107.2-3])

Project Type (Check all that apply):

New Building Alteration Addition Repair
Fence, pool, paving, landscaping, shed, tent, other Sign

Project Scope (Check all that apply):

Demolition Plumbing
General Building Fire Protection (see below)
Mechanical (HVAC) Site Work over 8,000 ft.²
Electrical

Occupancy Class (OBC Chapter 3):

If Mixed Use (OBC 508.1) check one:

Separated Non-separated Accessory only

Construction Type (OBC Chapter 6): _____

Total Project Work Area (sq. ft.): _____

Total Cost of Construction (Valuation): _____

Describe The Project:

Fire Protection Systems (OBC 106.1.1)

Indicate all that apply as "E" for Existing, "N" for New, or "N/A" if none.

Building Sprinkler System _____ Limited Area Sprinkler System _____
In-Rack Sprinkler System _____ Demand at Riser Base _____
Kitchen Hood Suppression _____ Fire Alarm System _____
Fire Detection System _____ Smoke Detection System _____

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: _____

Applicant Information: (OBC 107.2-5)

(Building Owner or Representative)

Name _____
Business Name _____
Street Address _____
City, State, ZIP _____
Phone Number _____
Email Address _____

Registered Design Professional (OBC 106.2.1)

Architect Engineer Certified Fire Protection System Designer N/A

Name _____
Firm or Business _____
Certificate/Registration # _____
Street Address _____
City, State, ZIP _____
Contact Name _____
Phone Number _____
Email Address _____

Certification (OBC 107.2.5)

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 _____

Ohio Existing Building Code Compliance Path

Choose One (Existing Buildings Only)

Prescriptive Compliance Path
Alteration Level 1
Alteration Level 2
Alteration Level 3
Performance Compliance Method

It is the applicant's responsibility to select a path above, advising the Building Official on the compliance path selected (OEBC 101.3).

