

APPLICATION FOR COMMERCIAL INDUSTRIAL PLAN APPROVAL
GEAUGA COUNTY BUILDING DEPARTMENT

(COMPLETE REVERSE SIDE FIRST)

Plan Reviewer _____ Date: _____ Parcel # _____ - _____ - _____

*** Note: Permit will NOT be processed without Parcel Number ***

1. Submitter's Name		2. Owner's Name	
Name of Firm		Name of Firm	
Street Address		Street Address	
City		City	
Telephone No.		Telephone No.	
3. Nature of Job		4. Name of Job	
<input type="checkbox"/> Change of Use <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Article 34		Description of Building, Store, Church, etc. Street Address Township/Village	
CHECK APPROVAL FOR: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL			
() STRUCTURAL a. Fdn. only b. Shell			
() ELECTRICAL a. Interior b. Shell			
() MECHANICAL – A/C a. Interior b. Shell			
() SUPPRESSION a. Sprinkler b. Limited			
() SUPPRESSION Section 904 Alternative			
() FIRE ALARM a. Interior b. Shell			
() PLUMBING a. Interior b. Shell			
6. Check Appropriate Floor(s)		5. Plans Prepared By	
Total Square Feet per Floor		OHIO Reg. # (5 Digits)	
A. Basement		Name	
B. First Floor			
C. Mezzanine(s)		1. A. OHIO Reg. Architect	
D. 2, 3, 4, 5, 6 (Circle No.)		2. B. OHIO Prof. Engineer	
E. Additional Floors		3. C. OHIO Sprinkler System Designer	
F. Total Square Ft. (A+B+C+D)		4. D. Other	
8. Type of Construction		7. A. Current OBC Use Group	
<input type="checkbox"/> IA <input type="checkbox"/> IIA <input type="checkbox"/> IIIA <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> IB <input type="checkbox"/> IIB <input type="checkbox"/> IIIB <input type="checkbox"/> VB		B. Proposed OBC Use Group	
10. Is project located in a FEMA flood prone area? <input type="checkbox"/> Yes <input type="checkbox"/> No Zone X Base Flood Elevation _____ <input type="checkbox"/> Zone A <input type="checkbox"/> Zone AE <input type="checkbox"/> Zone AO <input type="checkbox"/> Zone AH Community-Panel Number: 390190 - _____ B		<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	
		C. If building is Use Group R1, R2, or R3, specify the Number of apartments or unit.	
		D. Cost of work covered by this application \$ _____	
Signature of Applicant		9. A. Preliminary Plan Review #	
		B. Previous Building Permit #	
		<i>Please Do Not Write In This Space</i>	
Signature of Applicant		Title	