



SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS

1030 EAST TALLMADGE AVENUE, AKRON, OHIO 44310

PHONE (330) 630-7280 FAX (330) 630-7296

APPLICATION FOR COMMERCIAL PLAN REVIEW AND CERTIFICATE OF PLAN APPROVAL

READ THE FOLLOWING INSTRUCTIONS & INFORMATION BEFORE COMPLETING THIS TWO (2) PAGE FORM

1. All drawings and specifications, including plot plans, elevations, floor plans, and plans for elevator enclosures, must be in TRIPPLICATE, complete wall sections showing footer, foundation, floor, wall, and roof construction, indicating all structural members, size spacing, materials, etc. Specifications for the work can be either on the drawings or placed in book form. The name and address of the author shall be plainly printed in the lower right hand corner of all the plans or drawings. Plot plans must be submitted with the drawings and must indicate distances to other buildings and property lines.
2. All plans submitted shall provide sufficient information and detail to determine full compliance with the applicable building code.
3. A SEPARATE APPLICATION FOR CERTIFICATE OF PLAN REVIEW FOR EACH BUILDING OR STRUCTURE IS REQUIRED. Our review does not include, but not limited to; zoning, storm drainage, sewage disposal or health food services. It is the Owner's responsibility to submit plans and specifications for this work to the appropriate agency for review and approval. Contact the appropriate agency for submittal requirements.
4. SEE CODIFIED ORDINANCES OF SUMMIT COUNTY; CHAPTER 13 FOR; BUT NOT LIMITED TO; COMMERCIAL PLAN REVIEW FEE, REQUIRED PERMITS, AND PERMIT COSTS.
5. First time tenant build-out in "raw/undeveloped" shell space shall be considered new construction.
6. Incomplete information may result in rejection of submittal. All documents submitted shall be reviewed and approved prior to issuance of permits and start of construction, unless authorized by written permission of the Building Official.
7. Falsification of a public document is a violation of the Ohio Revised Code, Section 2921.13(A)(5), a misdemeanor of the first degree, punishable by up to six (6) months imprisonment and a fine of \$1,000 or both.

If you have any questions concerning this form please contact the Summit County Department of Building Standards at (330) 630-7280.

OWNER INFORMATION

Owner's Name _____

Name of Firm _____

Street Address: _____

Suite Number: _____

City/Village/Twp _____ State _____ Zip Code _____

(_____) (_____) _____

Telephone _____ Fax _____

SUBMITTER INFORMATION

Submitter's Name _____

Name of Firm _____

Street Address: _____

City/Village/Twp _____ State _____ Zip Code _____

(_____) (_____) _____

Telephone _____ Fax _____

Signature of Applicant _____ Date: _____

Circle: Owner _____ Agent for the Owner _____

DESIGNER INFORMATION

Designer's Name _____

Name of Firm _____

Street Address: _____

City/Village/Twp _____ State _____ Zip Code _____

(_____) (_____) _____

Telephone _____ Fax _____

Plans Prepared By (Check One) Ohio Registration No. _____

Registered Architect _____

Registered Engineer _____

Sprinkler Designer _____

Fire Alarm Designer _____

Other _____

Cost of work covered by this application: \$ _____ .00

To calculate floor area

A. Measure to outside walls for dimensions.

B. Include supported canopies as measured from the center-lines of the furthest columns or supports.

C. Do not include roofs or canopies which cantilever from building.

Check appropriate floor(s) _____ Total Square Footage per Floor _____

Basement _____

First/Ground Floor _____

2, 3, 4, 5, 6 (Circle) _____

Other _____

Total square footage of all floors: _____

Office Use Only:

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APPLICATION FOR COMMERCIAL PLAN REVIEW & CERTIFICATE OF PLAN APPROVAL
 READ INSTRUCTIONS BEFORE FILLING IN FORM—PAGE 2 OF 2—PLEASE PRINT OR TYPE

Project

- Architectural Structural
Mechanical Plumbing
Electrical Fire Supp/Alarm
Other

Number of Sheets
in one set of plans

_____ with Spec Book

- New Change of Use Addition Alteration Chapter 34

Permanent Parcel Number (PPN): _____
 Application will not be processed if PPN is not indicated.

Project Name/Description of Project _____

Street Address _____

Suite Number _____

City/Village/Township (not Akron) _____ Zip Code _____

Previous Building Permit Number: _____

Flood Plain: (OBC 106.1.1:2.1) Yes / No

If yes, submit required flood plain information.
See OBC and Summit County Building Code

Existing (If applicable)

Use Group (OBC 302) (Check all that apply)

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

Mixed Use Option(s) / Separate Structure(s)

- Non-separated (OBC 302.3.2)
Separated (OBC 302.3.3) Hour Rating: _____
 Submit diagram indicating fire areas and sq. ft. of each area
Firewalls (OBC 705.1) Hour Rating: _____

Type of Construction (OBC 600)

- 1A 1B 2A 2B 3A 3B 4 5A 5B

Proposed

Use Group (OBC 302) (Check all that apply)

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

If building is use group R1, R2 or R3 specify number of
apartments or units: _____

Mixed Use Option(s) / Separate Structure(s)

- Non-separated (OBC 302.3.2)
Separated (OBC 302.3.3) Hour Rating: _____
 Submit diagram indicating fire areas and sq. ft. of each area
Firewalls (OBC 705.1) Hour Rating: _____

Type of Construction (OBC 600)

- 1A 1B 2A 2B 3A 3B 4 5A 5B

Building Area Limitations

- General limitations (503)
Area Modifications (OBC 506)
Unlimited Area (OBC 507)

Fire Protection Systems (OBC 900)

Fire Suppression (OBC 903)

- Existing None Partial Total
 New None Partial Total

Fire Alarm (OBC 907)

- Existing None Partial Total
 New None Partial Total

Combustible Storage (OBC 413) (High Pile & Rack Stg)

Commodity Classification: (OBC 413.1.2)

Class I Class II Class III Class IV High Hazard
 Please check the appropriate commodity classification(s). Definitions are provided in OBC and NFPA 13 (1999) Section 2.2

Storage Areas: (OBC 413.1.3) (Check all that apply)

- 0-500 sq. ft
 501-2,500 sq. ft
 2,501-12,000 sq. ft Public Accessible
 2,501-12,000 sq. ft. Non- Public Accessible
 Option 1 Option 2
 12,001-20,000 sq. ft.
 20,001-500,000 sq. ft. Commodities I-IV Only
 500,000 sq. ft. + Commodities I-IV Only
 501-2,500 sq. ft. High Hazard
 2,501-300,000 sq. ft. High Hazard
 300,001-500,000 sq. ft. High Hazard

Please check appropriate storage arrangement:

- Solid Piled or Shelf Storage Racks

Please enter maximum storage height: _____ ft. max.

Fire and Life Safety Protection to be provided:

- Automatic Fire Suppression System (OBC 413.1.3.4)
Fire Detection System (OBC 413.1.3.5)
Building Access (OBC 413.1.6)
Smoke and Heat Removal (OBC 413.1.3.7)
Draft Curtains (OBC 413.1.3.7)

PLAN REVIEW APPLICATION NO: _____

PLAN APPLICATION DATE: _____/_____/_____

Office Use only: Plans Examiner Comments:

Occupancy Load: _____

Method: SF Actual/Proposed Employee

Plans Examiner: _____ Date: _____

_____ Date: _____