

# SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS

[buildingstandards.summitoh.net](http://buildingstandards.summitoh.net)

1030 EAST TALLMADGE AVENUE

AKRON, OHIO 44310

PHONE 330.630.7280 FAX 330.630.7296

## APPLICATION FOR KITCHEN HOOD(S) or HOOD SUPPRESSION (2 Sets Required)

### PLEASE READ THE FOLLOWING REQUIRED INFORMATION:

1. OMC 507.1 Kitchen hoods shall be Type I or Type II and shall be designed to capture and confine cooking vapors and residues.
2. OMC 507.2.1 Type I kitchen hoods shall be installed where cooking appliances produce grease or smoke laden vapors.
3. OMC 507.2.2 Type II hoods shall be installed where cooking or dishwashing appliances produce heat or steam.
4. OMC 507.9 Type I kitchen hood shall be installed with a clearance to combustibles of not less than 18".
5. OMC 507.13 The minimum net airflow capacity (CFM) of kitchen hoods is based on the type of cooking appliances installed.
6. OBC 904.1 Each required Type I kitchen hood and duct system shall be protected with an approved extinguishing system.

\_\_\_\_\_  
(Project Name)

\_\_\_\_\_  
(Street Address; include suite number)

\_\_\_\_\_  
(City / Village / Township)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Cost of Work)

**Project Type:**     New     Addition     Alteration / Replacement

**Documents Submitted For:**     Kitchen Hood     Kitchen Hood Suppression

**Construction Type:**     1A     1B     2A     2B     3A     3B     4     5A     5B

#### OWNER:

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

\_\_\_\_\_  
Name of Firm

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

\_\_\_\_\_  
Suite #

\_\_\_\_\_  
City/Village/Twp

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_  
Telephone

(\_\_\_\_) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

#### SUBMITTER:

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

\_\_\_\_\_  
Name of Firm

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

\_\_\_\_\_  
Suite #

\_\_\_\_\_  
City/Village/Twp

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_  
Telephone

(\_\_\_\_) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

#### DESIGN PROFESSIONAL:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Firm

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

\_\_\_\_\_  
Suite #

\_\_\_\_\_  
City/Village/Twp

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_  
Telephone

(\_\_\_\_) \_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

**Plans Prepared By:**  
**Ohio Registration No.** \_\_\_\_\_

#### OFFICE USE ONLY:

Plan Review Application Number: **PPR #** \_\_\_\_\_

Plan Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Plan Examiner Comments:**

Plans Examiner: \_\_\_\_\_

Approval \_\_\_\_\_ Date: \_\_\_\_\_