



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. \*\*\*

<b>1. Submitter's Name</b>		<b>2. Owner's Name</b>	
Street Address		Street Address	
City		City	
Telephone No.		Telephone No.	
E-mail		E-mail	
<b>3. Nature of Job</b>		<b>4. Name of Job</b>	
<input type="radio"/> Change of Use <input type="radio"/> New <input type="radio"/> Addition <input type="radio"/> Alteration <input type="radio"/> DEMO		Description of Building, Store, Church, etc.  Street Address  Township/Village	
CHECK APPROVAL FOR: <input type="radio"/> FULL <input type="radio"/> PARTIAL			
( ) STRUCTURAL            a. Fdn. only            b. Shell			
( ) ELECTRICAL            a. Interior            b. Shell			
( ) MECHANICAL – A/C    a. Interior            b. Shell			
( ) SUPPRESSION        a. Sprinkler            b. Limited			
( ) KITCHEN HOOD        a. 507 Hood            b. 509 Supp.			
( ) FIRE ALARM            a. Interior            b. Shell			
( ) PLUMBING              a. Interior            b. Shell			
<b>6. Check Appropriate Floor(s)</b>		<b>5. Plans Prepared By</b>	
Total Square Feet per Floor		OHIO Reg. # (5 Digits)	
A. Basement		Name	
B. First Floor		1. A. OHIO Reg. Architect	
C. Mezzanine(s)		2. B. OHIO Prof. Engineer	
D. 2, 3, 4, 5, 6 (Circle No.)		3. C. OHIO Sprinkler System Designer	
E. Additional Floors		4. D. Other	
F. Total Square Ft. (A+B+C+D)		<b>7. A. Current OBC Use Group</b>	
<b>8. Type of Construction</b>		<b>B. Proposed OBC Use Group</b>	
<input type="radio"/> IA <input type="radio"/> IIA <input type="radio"/> IIIA <input type="radio"/> IV <input type="radio"/> VA <input type="radio"/> IB <input type="radio"/> IIB <input type="radio"/> IIIB		<input type="radio"/> A1 <input type="radio"/> A2 <input type="radio"/> A3 <input type="radio"/> A4 <input type="radio"/> A5 <input type="radio"/> B <input type="radio"/> E <input type="radio"/> F1 <input type="radio"/> F2 <input type="radio"/> H1 <input type="radio"/> H2 <input type="radio"/> H3 <input type="radio"/> H4 <input type="radio"/> H5 <input type="radio"/> I1 <input type="radio"/> I2 <input type="radio"/> I3 <input type="radio"/> I4 <input type="radio"/> M <input type="radio"/> R1 <input type="radio"/> R2 <input type="radio"/> R3 <input type="radio"/> R4 <input type="radio"/> S1 <input type="radio"/> S2 <input type="radio"/> U	
<input type="radio"/> IA <input type="radio"/> IIA <input type="radio"/> IIIA <input type="radio"/> IV <input type="radio"/> VA <input type="radio"/> IB <input type="radio"/> IIB <input type="radio"/> IIIB		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 \$ _____	
<b>10. Is project located in a FEMA flood prone area?</b>		<b>9. A. Preliminary Plan Review #</b>	
<input type="radio"/> Yes <input type="radio"/> No    Zone X		<b>B. Previous Building Permit #</b>	
Base Flood Elevation _____		<i>Please do not write in this space.</i>	
<input type="radio"/> Zone A <input type="radio"/> Zone AE <input type="radio"/> Zone AO <input type="radio"/> Zone AH			
Community-Panel Number: 390190 - _____ B			
<b>Signature of Applicant</b>		<b>Title</b>	