



Application for Residential Plan Approval

For projects subject to the provisions of the Residential Code of Ohio, including detached one-, two-, and three-family dwellings and structures accessory to those dwellings except as indicated by RCO section 101.2, Scope.

Project Building Location

*Street Address _____

*Owner Occupied? Yes No

*Owner Name _____

*Owner Phone Number _____

*Owner Email _____

Project Information RCO 107.2

Basic Project Types:

New Home	Alteration
Demolition of Principle Structure	Addition

Miscellaneous Project Types:

Garage	Rear Deck	Front Porch
Siding	Cabinets	Fixture Replacement
Paving >100 ft ²	Shed >120 ft ²	Fence
Swimming Pool	Waterproofing	Water Controlling

Equipment Installation or Replacement:

Water Heater	Furnace or A/C	Boiler
Electrical Panel	Solar Power	Solar Heating

Project Extents:

(Include total area and total cost including sub-trades)

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

*Valuation (Project Cost): _____

*Residential Plan Review Fee: \$25.00

*Brief Project Description:

Construction Documents:

*No. of Sets: _____ *Date on Plans: _____

Application Information: RCO 107.2

(Owner or designated representative)

*Name _____

*Business Name _____

*Street Address _____

*City, State, ZIP _____

*Phone Number _____

*Email Address _____

Registered Design Professional

(Person primarily responsible for preparation of documents)

Architect	Engineer	Certified Fire Protection System Designer	N/A
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*Name _____

*Firm or Business _____

*Certificate/Registration # _____

*Street Address _____

*City, State, ZIP _____

*Phone Number _____

*Email Address _____

Certification: RCO 107.2

(Owner or designated representative)

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 _____

Building Department Use

(To be completed by Building Department staff)

Case Number: _____

Date Received _____ By _____

Dye Test: Yes No N/A

Engineering: Yes No N/A

Planning / Zoning: Yes No N/A

Plan Review Fees (Check all that apply):

In House	Outside Plans Examiner	Stormwater Review
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Department of Housing and Building

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