



City of Lakewood
 Department of Housing
 and Building

City of Lakewood, Ohio
 12650 Detroit Ave.
 Lakewood, OH 44107
 (216) 529-6270
 building.permits@lakewoodoh.gov

APPLICATION FOR COMMERCIAL PLAN APPROVAL

(For projects subject to the provisions of the Ohio Building Code Section 107.2)
ALL INFORMATION MUST BE PROVIDED AND LEGIBLE

Project Location [OBC 107.2-2]:	Applicant Information [OBC 107.2-5] (Building Owner or Representative)
Street Address: _____ Floor Number: _____ Suite: _____ Is this building in the floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Business Name: _____ Mailing Address: _____ City/State/Zip Code: _____ Phone Number: _____ For Best Service Provide Email Address: _____
Project Information [OBC 107.2-1]: (Project Use and Occupancy [OBC 107.2-3])	Registered Design Professional [OBC 106.2.1]
Project Type (check all that apply): <input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Fence, pool, paving, landscaping, shed, tent, other <input type="checkbox"/> Sign	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire Protection System Designer <input type="checkbox"/> N/A
Project Scope (check all that apply): <input type="checkbox"/> Demolition <input type="checkbox"/> General Building <input type="checkbox"/> Mechanical (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Protection (see below) <input type="checkbox"/> Site Work over 8,000 sq. ft.	Name: _____ Firm or Business: _____ Certificate or Registration Number: _____
Describe the (proposed) use (e.g.: Restaurant, boutique, office, etc.): _____	Mailing Address: _____ City/State/Zip Code: _____ Contact Name: _____ Contact Phone: _____ For Best Service Provide Email Address: _____
Occupancy class [OBC Chapter 3]: _____ If Mixed Use [OBC 508.1] check one: <input type="checkbox"/> Separated <input type="checkbox"/> Non-separated <input type="checkbox"/> Accessory only	Certification [OBC 107.2.5]
Construction Type [OBC Chapter 6]: _____	I certify that I am the building <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Authorized Agent
Total Project Work Area: _____ Sq. Ft.	All information provided on 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 mailing address above. I consent to these plans being reviewed in the order of plans examination determined by the building official.
Total cost of construction (valuation): \$ _____	Signature: _____ Printed Name: _____ Date of Application: _____
Describe the project: _____ _____ _____	Ohio Existing Building Code Compliance Path <i>Choose One (Existing Buildings Only)</i>
Fire Protection Systems [OBC 106.1.1.1] (Indicate all that apply as "E" for Existing, "N" for New, or NA if none)	Prescriptive Compliance Path: <input type="checkbox"/> Alteration Level 1: <input type="checkbox"/> Alteration Level 2: <input type="checkbox"/> Alteration Level 3: <input type="checkbox"/> Performance Compliance Method: <input type="checkbox"/>
Building Sprinkler System ____ Limited Area Sprinkler System ____ In-Rack Sprinkler System ____ Demand at Riser Base _____ psi Kitchen Hood Suppression ____ Fire Alarm System ____ Fire Detection System ____ Smoke Detection System ____	<i>It is the applicant's responsibility to select a path above, advising the Building Official on the compliance path selected. [OEBC 101.3]</i>
Required Construction Documents [OBC Section 106] 3 sets required for Building Department plus 1 set for Fire Department Review (if applicable) 1 (Civil) set for Engineering Review (if applicable) Date on Plans: _____	