

29555 Pettibone Road, Glenwillow, OH 44139 Phone: 440-232-8788 Fax: 440-735-9298

## **APPLICATION FOR COMMERCIAL PLANS APPROVAL**

JOB	ADDRESS	:														
JOB	NAME:															
Bldg. No: Suite			No:	o: Floor:			Bldg.	Bldg. Descr. (store, church, etc):								
PROPERTY OWNER:																
OWNER'S ADDRESS:																
CITY, STATE, ZIP: PHONE:																
1																
SCOPE OF PROJECT: TY						ГҮР	E OF P	ROJE	СТ							
	Building G	Building General (New/Addition/Alterations)							New Construction							
	Mechanical (HVAC/Electrical/Plumbing)								Building Addition							
	Sprinkler S	Sprinkler System							Building Repairs/Alterations							
	Fire Alarm								Change of Occupancy/Use							
TOTAL SQUARE FOOTAGE:																
Basement:																
First Floor:																
Additional Floors:																
Total Square Footage:																
FIRE PROTECTION SYSTEMS TYPE:																
	Building S	Building Sprinkler							Smoke Detection							
	Limited Are	Limited Area Sprinkler							Fire Detection							
	Building Fire Alarm								N/A							
	Hood Suppression								Other:							
PROPOSED OBBC USE GROUP CLASSIFICATION:																
	A-1	A-4		E		H-			H-4		I-3		R-1		_	R-4
	A-2 A-3	A-:	5	F-	-1 -2	H-:			I-1 I-2		I-4 M	+	R-2 R-3			<u>S-1</u> S-2
	U Mixed us		s? □ N					para								
CONSTRUCTION TYPE:																
	1 2A 3A						4 5B									
1B																
Included with my submittal is energy code compliance. (not required for fire submittals)																

JOB DESCRIPTION:								
Project for: new occupant existing occupant	vacant space othe	er:						
Estimated Cost of Construction:								
FIRE ALARM SUBMITTAL: Total # of Devices:								
FIRE PROTECTION SUBMITTAL: Total Number of	f Heads:							
REGISTERED DESIGN PROFESSIONAL:								
Architect: Ohio Registration No:								
Engineer: Ohio Registration No:								
Certified Fire Protection System Designer: O	hio Registration No:							
COMPANY:								
ADDRESS:								
CITY:		STATE:	ZIP:					
EMAIL ADDRESS ( <i>MUST BE PROVIDED</i> ):								
CONTRACTOR:								
COMPANY:	PHC	DNE:						
ADDRESS:								
CITY:								
EMAIL ADDRESS:								
APPLICANT:								
COMPANY:	PHC	PHONE:						
ADDRESS:								
CITY:	STATE:	ZIP:						
EMAIL ADDRESS:								
The acceptance of the permit herein applied for shall constitute ar and to comply with all the ordinances of the Villge of Glenwillow a								
condition of said permit.								
SIGNATURE OF APPLICANT:								
PRINT NAME:	5							
TITLE	DATE							