



Building Department
7900 Fitch Road, Olmsted Township, OH 44138
Phone Number: 440-235-4225
building@olmstedtownship.org

Commercial Building Plan Review and Permit Application

Project Address:

Parcel Number:

Project Scope: Building* HVAC/Gas Piping* Electrical* Fire Alarm/Suppression*

*Plans must include all scopes of work for review. Complete Page 3 of this application

Permit Type (Check all that apply):

| | | |
|--|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Moving of a Building | <input type="checkbox"/> Accessory Building |
| <input type="checkbox"/> Industrialized Unit | <input type="checkbox"/> Sign | |

Construction Type Per Ohio Building Code:

| Type I | | Type II | | Type III | | Type IV | | | | Type V | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A | B | A | B | A | B | A | B | C | HT | A | B |
| <input type="checkbox"/> |

Proposed Use Per Ohio Building Code:

| | | | |
|---|--|--|---|
| <input type="checkbox"/> A-1 Assembly | <input type="checkbox"/> A-2 Assembly | <input type="checkbox"/> A-3 Assembly | <input type="checkbox"/> A-4 Assembly |
| <input type="checkbox"/> A-5 Assembly | <input type="checkbox"/> B Business | <input type="checkbox"/> E Educational | <input type="checkbox"/> F-1 Factory/Industrial |
| <input type="checkbox"/> F-2 Factory/Industrial | <input type="checkbox"/> H-1 High Hazard | <input type="checkbox"/> H-2 High Hazard | <input type="checkbox"/> H-3 High Hazard |
| <input type="checkbox"/> H-4 High Hazard | <input type="checkbox"/> H-5 High Hazard | <input type="checkbox"/> I-1 Institutional | <input type="checkbox"/> I-2 Institutional |
| <input type="checkbox"/> I-3 Institutional | <input type="checkbox"/> I-4 Institutional | <input type="checkbox"/> M Mercantile | <input type="checkbox"/> R-1 Residential |
| <input type="checkbox"/> R-2 Residential | <input type="checkbox"/> R-3 Residential | <input type="checkbox"/> R-4 Residential | <input type="checkbox"/> S-1 Storage |
| <input type="checkbox"/> S-2 Storage | <input type="checkbox"/> U Utility/Misc | | |

Work Scope Area (in square ft)

| | |
|---------------------------|--|
| Unfinished Basement | |
| Finished Basement | |
| Above Grade | |
| Garage/Accessory Building | |
| Total: | |

| | | | | |
|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------|
| Existing Auto Sprinkler System: | <input type="checkbox"/> NFPA 13 | <input type="checkbox"/> NFPA 13R | <input type="checkbox"/> NFPA 13D | <input type="checkbox"/> N/A |
| Existing Standpipe System Demand: | | | | <input type="checkbox"/> N/A |
| Occupant Load: | | | | |
| Estimated Cost of Construction: | | | | |



Building Department
7900 Fitch Road, Olmsted Township, OH 44138
Phone Number: 440-235-4225
building@olmstedtownship.org

Project Description:

Owner Name:

Mailing Address:

Phone Number:

E-mail Address:

Architect Name:

Mailing Address:

Phone Number:

E-mail Address:

Applicant Name:

Mailing Address:

Phone Number:

E-mail Address:

I am the property owner of record, or I have received authorization from the property owner to complete this application. All work performed under this building permit application will be in compliance with the resolutions of Olmsted Township and all applicable laws; work will be completed by the owner or registered contractors with Olmsted Township. I hereby certify that I agree with the terms listed above and that all information contained in this application is true, accurate and complete to the best of my knowledge.

| | |
|-----------------------------|---------------|
| Applicant Signature: | Date: |
| Print Name: | Email: |

Applicant is: Owner Contractor Architect
 Other *(Additional information and authorization must be supplied)*

Please submit application and project drawings electronically to: building@olmstedtownship.org



Building Department
7900 Fitch Road, Olmsted Township, OH 44138
Phone Number: 440-235-4225
building@olmstedtownship.org

List of Registered Contractors Performing Required Work:

| General | |
|---|------------------------|
| <input type="checkbox"/> <i>(Check this box if the property owner will be performing electrical work)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

| Electrical | |
|--|------------------------|
| <input type="checkbox"/> <i>N/A (Check this box if this type of work is not included in the scope)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

| Mechanical | |
|--|------------------------|
| <input type="checkbox"/> <i>N/A (Check this box if this type of work is not included in the scope)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

| Fire Alarm/Suppression | |
|--|------------------------|
| <input type="checkbox"/> <i>N/A (Check this box if this type of work is not included in the scope)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

| Other | |
|--|------------------------|
| <input type="checkbox"/> <i>N/A (Check this box if this type of work is not included in the scope)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

Note: All contractors and subcontractors working on the project must be registered with the Olmsted Township Building Department even if not listed above.

Please submit application and project drawings electronically to: building@olmstedtownship.org