

## APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL

Submit one application per building or structure, all sections must be completed.

<b>OFFICE USE ONLY:</b> (date received stamp)		<b>OFFICE USE ONLY:</b> PPN: _____ Application No.: _____ Fee Amount: \$ _____ Processed By: _____
<b>PROJECT/BUILDING LOCATION: (OBC 107.2.2)</b> Building/Tenant Name _____ Street Address _____ Suite _____  The following information applies to New Buildings or Additions only: <input type="checkbox"/> Is this project/building located in a flood plain?    Yes    No <input type="checkbox"/> Has flood plain administrator been contacted for requirements?    Yes    No		
<b>BUILDING OWNER INFORMATION:</b> Name of Owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ <b>E-Mail</b> _____		
<b>APPLICANT INFORMATION: (Owner or designated representative) ( OBC 107.2)</b> Applicant _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ <b>E-Mail</b> _____		
<b>TYPE OF PROJECT</b>		
<b>BUILDING:</b> <input type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Furnace, A/C <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Kiosk <input type="checkbox"/> Roof <input type="checkbox"/> Roof Top Unit <input type="checkbox"/> Service/Panel/Reconnect (W.O. # _____) <input type="checkbox"/> Tent <input type="checkbox"/> Other: _____	<b>MISCELLANEOUS:</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing  <b>PUBLIC WORKS/ENGINEERING:</b> <input type="checkbox"/> Apron <input type="checkbox"/> Curb Cut <input type="checkbox"/> Curb Replacement <input type="checkbox"/> Driveway (Repair/Replace) <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Public Sidewalk <input type="checkbox"/> R.O.W. Open <input type="checkbox"/> Parking Lot (circle item below) Addition / Repairs / Resurface / Striping	<b>ZONING:</b> <input type="checkbox"/> Dumpster/POD <input type="checkbox"/> Fence <input type="checkbox"/> Patio <input type="checkbox"/> Pergola/Pavilion <input type="checkbox"/> Shed <input type="checkbox"/> Other: _____  <b>FIRE PROTECTION:</b> <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Underground # of Devices: _____

**PROJECT INFORMATION:**

Estimated Cost of Construction: \$ \_\_\_\_\_ Gross Floor Area All Stories/or Project: \_\_\_\_\_

**BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1)**

\_\_\_\_\_  
\_\_\_\_\_

**REGISTERED DESIGN PROFESSIONAL INFORMATION:**

Architect                      Engineer

Designer \_\_\_\_\_ Registration /Certification No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**BUILDING CODE INFORMATION (mixed group building only):**

(Information applies to construction area in a **mixed group building**, or entire building is a single use group building)

Current use group(s) \_\_\_\_\_ Current use group(s) \_\_\_\_\_ Current use group(s) \_\_\_\_\_

Occupancy Description: \_\_\_\_\_

**GENERAL BUILDING INFORMATION:**

(The following information applies to the **entire building**, not just the construction area). (OBC 107.2.3).

▪ Building Information:

Use group(s)? \_\_\_\_\_ Mixed use groups?      No      Yes      Separated      Non-separated

Construction Type? \_\_\_\_\_ Building height (FT)? \_\_\_\_\_ No. of Stories? \_\_\_\_\_

Occupant Load? \_\_\_\_\_ Storage height (FT)? \_\_\_\_\_ Storage aisle width (FT)? \_\_\_\_\_

List USE GROUP below for mixed use building.

List OCCUPANCY TYPE for associated use group below.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**FIRE PROTECTION SYSTEMS:**

N/A

Non-Required

Required (complete below)

\_\_\_\_ Sprinkler                      Fire Alarm                      Standpipe                      Other: \_\_\_\_\_

\_\_\_\_ NFPA 13                      Manual

\_\_\_\_ NFPA 13D                      Smoke Detection

\_\_\_\_ NFPA 13R                      Single-/Multiple-Station Smoke Alarms

\_\_\_\_ Limited Area

**CERTIFICATION: (OBC 107.2.5)**      I certify that I am the      Owner      Owner 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.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**APPROVAL:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**