



COMMERCIAL BUILDING PLAN APPROVAL

APPLICATION NO: _____

DEPARTMENT OF BUILDING REGULATIONS
 1495 WEST LONGVIEW AVENUE, SUITE 202A
 MANSFIELD, OHIO 44906
 Phone • (419) 774-5517 Fax • (419) 774-6317
 www.richlandcountyoh.us/c&p.htm

Submit one application for each building or structure. Please print or type. All sections must be completed. Refer to the instruction sheet for completing this application. This form is also available at <http://www.richlandcountyoh.us/c&p.htm>.

1 Scope of Project		2 County:	City / Village / Township:	
<input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Auto Sprinkler / Suppression <input type="checkbox"/> Fire Alarm - Man Auto <input type="checkbox"/> Industrialized Unit <input type="checkbox"/> Building / Ground Signage <input type="checkbox"/> Temp. Use (Tent, Job Trl, etc) <input type="checkbox"/> Swimming Pool		3 Parcel ID No.:	4 Power Company:	
		5 Is this project located within your local flood plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Zone:
		6 Has this project been approved by the local Floodplain Administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		7 Has this project been approved by the local Zoning Inspector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		8 Enter number of sheets in one set of your drawings:		Spec Book included <input type="checkbox"/> Yes <input type="checkbox"/> No
		9 Type of project	<input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy	
		10 Previous or related Certificate of Plan Approval (CPA) Number(s)		
		11 Cost of work covered by this application:	\$	
		12 If plans are submitted as the result of an Adjudication Order, enter order number here:		
13	Special Inspections required per OBC Ch. 17: <input type="checkbox"/> Yes <input type="checkbox"/> No	14	Geotechnical Investigation required per OBC Ch. 18: <input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Name of Project:			
Description of Project:				
Address of Project:				
City:		Zip:		
Directions to Project:				
16	Property Owner:		Attention/Contact:	
Address:		City:	State:	Zip:
Phone:		FAX:	E-Mail:	
17	Name of applicant:			
Address:		City:	State:	Zip:
Phone:		FAX:	E-Mail:	
18	Plans prepared by: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer <input type="checkbox"/> Other (check one)			
Name:		Ohio Registration Number:		
Address:		City:	State:	Zip:
Phone:		FAX:	E-Mail:	
19	General Contractor:		Attention/Contact:	
Address:		City:	State:	Zip:
Phone:		FAX:	E-Mail:	
20	Electrical Contractor:		Attention/Contact:	
Address:		City:	State:	Zip:
Phone:		FAX:	E-Mail:	
Electrical Contractor OCILB License No:				

21	Mechanical Contractor:				Attention/Contact:					
Address:			City:		State:		Zip:			
Phone:			FAX:		E-Mail:					
Mechanical Contractor OCILB License No:										
22	Fire Protection/Alarm Contractor:				Attention/Contact:					
Address:			City:		State:		Zip:			
Phone:			FAX:		E-Mail:					
Fire protection/alarm installer name:				State Fire Marshall Cert No.:						
23	Construction Type:		24	Building Height (ft.):		25	Number of Stories:		Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	
26	Gross Building Area (sf):			27	Proposed Area per floor (sf):					
28	Unlimited Area Building (OBC 507): <input type="checkbox"/> Yes <input type="checkbox"/> No			29	Total Altered / Added area of existing buildings (sf) :					
30	Existing Use Group(s) and Occupancy description(s):									
31	Proposed Use Group(s) and Occupancy description(s):									
32	For mixed occupancies, how are they separated			33	Maximum design occupant load of entire structure per OBC 1004:					
<input type="checkbox"/> Incidental Uses (OBC 508.2)			34	For residential occupancies, number of dwelling / sleeping units:						
<input type="checkbox"/> Accessory Occupancies (OBC 508.3.1)			35	Plumbing Fixtures are: <input type="checkbox"/> Provided <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided in another structure						
<input type="checkbox"/> Nonseparated Occupancies (OBC 508.3.2)			36	Accessibility per OBC Chapter 11 is: <input type="checkbox"/> Shown throughout new construction						
<input type="checkbox"/> Separated Occupancies (OBC 508.3.3)			<input type="checkbox"/> Shown in altered areas only		<input type="checkbox"/> Not Required (attach statement of reason)					
37	Automatic Sprinkler / Standpipe Systems (OBC 903/905) are: <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided as a: <input type="checkbox"/> Required System <input type="checkbox"/> Non-Required System									
NFPA Ref	Hazard Classification	Demand @ BOR	System Location			Storage Ht.	Aisle Width	In-Rack: <input type="checkbox"/> Yes <input type="checkbox"/> No		
								Supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Storage Commodity Classification and Description:										
38	Alternative / Fire Suppression Systems (OBC 904) are: <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided as a: <input type="checkbox"/> Required System <input type="checkbox"/> Non-Required System									
NFPA Ref:			System Description and Location:					Supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No		
39	Fire Alarm and Detection Systems (OBC 907) are: <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided as a: <input type="checkbox"/> Required System <input type="checkbox"/> Non-Required System									
NFPA Ref:			System Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Single/Multiple Station Smoke Alarms					Supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No		
40	Kitchen Exhaust Hoods Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Fire Suppressed									
41	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner of the subject of this application				42	Total Fees as determined by fees worksheet:		\$		
and all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code. The owner and the design professional identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 17.										
Applicant Signature (match box 17 above)								Date		
43	THE AREA BELOW IS FOR OFFICIAL USE ONLY									
<input type="checkbox"/> Zoning <input type="checkbox"/> Stormwater <input type="checkbox"/> Plumbing <input type="checkbox"/> R/C Sewer <input type="checkbox"/> Septic										
Intake Person Initials / Date:										
Fees Paid Initials / Date:										
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail-In <input type="checkbox"/> Electronic <input type="checkbox"/> Walk through										
Application Approved / Date:										
Notes:										

DIRECTIONS FOR COMPLETING APPLICATION FOR COMMERCIAL BUILDING PLAN APPROVAL

In accordance with Ohio Building Code (OBC) Section 106.1, pursuant to Ohio Revised Code (ORC) Section 3791.04, construction documents, statement of special inspections required and other data shall be submitted in two or more sets with each application for an approval. Before beginning the construction of any building for which construction documents are required under OBC Section 105, the owner or the owner's representative shall submit construction documents to the building official for approval.

Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 42, must be completed in full or the application will be returned. Send this completed form along with all required documents to "Richland County Building Department, 1495 West Longview Avenue, Suite 202A, Mansfield, Ohio 44906"

1. Check all boxes that apply to the proposed project. If you wish to apply for phased approval for the project, check the proper box for the phased approval.
2. List the County and municipal subdivision or township where the proposed project is located.
3. Provide the Parcel ID number for the subject property on which the proposed project is located.
4. Provide the name of the Power Company.
5. Please indicate whether the project is located within a flood hazard area. Consult the local floodplain administrator as to the location of the project with respect to the flood hazard area.
6. If the project is located within a flood hazard area, please indicate whether the local floodplain administrator has approved the project.
7. Indicate whether the local zoning inspector has approved the project.
8. Enter the number of sheets in one set of drawings and whether a specifications or project manual is included as part of the construction documents.
9. Refer to Ohio Building Code (OBC) Chapter 2 for definitions. Indicate the type of project.
10. List any previous or related Certificate of Plan Approval (CPA) number(s) associated with this submission.
11. Provide total cost of construction work covered in scope of project shown in box 1.
12. In order to rescind a standing adjudication order and to stop further legal proceedings, list the number and/or date found on the order.
13. List exact title of project or name of business (i.e. Clearview Pizza Lounge) and a description of the project (i.e. New Restaurant and deck). Provide the complete mailing address for the project. For inspection purposes provide specific address and location including tenant space, building floor number, suite numbers, crossroads, landmarks or any other directional guidelines.
14. Please indicate whether special inspections are required for this project. If Special Inspections are required in accordance with OBC Chapter 17, a Statement of Special Inspections must be submitted with the application. The Statement of Special Inspections must contain the name(s) and contact information of the Special Inspectors in accordance with OBC 1704.1. Incomplete statements may delay the approval of the construction documents. Our department is capable of performing certain Special Inspections. Please contact us for more information. A Statement of Special Inspections is available by calling our office or downloading from our website located at <http://www.richlandcountyoh.us/c&p.htm>.
15. Please indicate whether a Foundation and Soils investigation (geotechnical investigation) is required for this project. If a soils investigation is required or has been performed and is referenced in the construction documents, please provide a copy of the investigation report that is sealed by an Ohio Registered Design Professional. Approval for foundations cannot be granted without a required soils investigation. For specific requirements, please reference OBC Section 1802.2.
16. Provide the property owner name, address, telephone, email and a contact person.
17. Provide applicant name, address, email, and telephone. All correspondence will be sent to the applicant.
18. According to the OBC Section 106.2, the design professional(s) must be identified by completing all information including their Ohio registration number. If there are multiple design professionals, provide the name of the design professional in responsible charge and list all subsequent design professionals on a separate sheet to be submitted with the application.
19. Provide the General Contractor name, address, telephone, email and a contact person.
20. Provide the Electrical Contractor name, address, telephone, email and a contact person. Provide the OCILB License number of the Electrical Contractor.
21. Provide the Mechanical Contractor name, address, telephone, email and a contact person. Provide the OCILB License number of the Mechanical Contractor.
22. Provide the Fire Protection (Automatic Sprinkler, Fire Alarm, Fire Suppression, etc) Contractor name, address, telephone, email and a contact person. Provide the name and certification number of the installer certified by the Ohio State Fire Marshall.
23. Provide the construction type of the proposed construction. Refer to OBC Chapter 6 for Types of Construction. This data should be noted on the first sheet of the plans in accordance with OBC 106.1.1.
24. Provide the building height. Please refer to OBC 502 for the definition of building height.

25. Provide the number of stories of the structure and indicate whether a basement is proposed.
26. Provide the gross building area of the building or structure. For alterations or additions to existing buildings, please include the altered or added area in the gross area calculation. For new construction, this area will be used to calculate the application and permit fees.
27. Provide the proposed building area per floor of the structure. For structures with multiple stories and different floor areas, details of each story, mezzanine, and floor area shall be provided on the plans.
28. Indicate whether the building is constructed as an unlimited area building per OBC 507.
29. Provide the total altered or added area for existing buildings. This area will be used to calculate application and permit fees for additions, alterations, and change of occupancies.
30. Provide the Use Group(s) and Occupancy Description(s) for existing buildings. Please refer to OBC Chapter 3 for Use and Occupancy descriptions. Example A-3 Church with Daycare
31. Provide the Use Group(s) and Occupancy Description(s) for the proposed construction. Please refer to OBC Chapter 3 for Use and Occupancy descriptions. Example A-2/B/M Restaurant, Business Office, Mercantile Store mixed occupancy structure. For occupancies that involve storage, please the construction documents shall describe the materials to be stored, the storage configuration(bulk, on racks, stacked wood pallets, in tanks, etc.), a description of any packaging (in cardboard boxes, plastic wrapped, on wood/plastic pallets, in wood/metal crates, etc), and the maximum height of the storage(top of the material, not the shelf or rack) above the finished floor.
32. For structures with multiple occupancies, please indicate how the occupancies are separated in accordance with OBC Chapter 5.
33. Provide the maximum design occupant load of the structure. Detailed occupant load calculations should be included on the front sheet of the construction documents per OBC 106.1.1. If using an alternative method to calculate the occupant load in accordance with OBC 1004.1.1, please include a detailed statement as to the alternate method of calculation.
34. For residential occupancies as defined by OBC 310, please indicate the number of dwelling and/or sleeping units.
35. Indicate where plumbing fixtures are provided. If fixtures are provided in another structure, please ensure the location is clearly noted on the site plan and that the number of fixtures is calculated for the total occupant load.
36. Please indicate where accessible details are located for the proposed construction. For certain project, handicapped accessibility may be limited or not required. Please provide a detailed statement for projects where accessibility is limited or not required.
37. For structures with automatic sprinkler and/or standpipe systems, please provide design data used to design the system. For storage occupancies, information on commodity classification, storage height, and aisle width should match the storage information on the construction documents from item 28 above. Indicate whether the system is provided with supervisory service as required by OBC 901.6. The construction documents shall provide details of the supervisory service. For structures with multiple systems, please attach a summary of the design information for all systems.
38. For alternative fire suppression systems, provide the design reference and the system location(s). Indicate whether the system is provided with supervisory service as required by OBC 901.6. The construction documents shall provide details of the supervisory service. For structures with multiple systems, please attach a summary of the design information for all systems.
39. For fire alarms, indicate the system type and design reference. Indicate whether the system is provided with supervisory service as required by OBC 901.6. The construction documents shall provide details of the supervisory service. For structures with multiple systems, please attach a summary of the design information for all systems.
40. Indicate whether kitchen exhaust hoods are provided in the structure. Indicate the type of hood and whether fire suppression is provided. For hoods that serve appliances that produce grease vapors or smoke and will not be fire suppressed, provide a detailed statement of cooking operations that describes how and/or why grease laden vapors or smoke will not be generated in quantities that constitute a hazard per OBC 507.2.1. Exception 2.
41. Read all of the information in box 38 and check the appropriate box identifying the applicant as the owner or the agent for the owner. The individual who checks the box, signs, and dates the application shall be the same individual who is listed as the applicant in Box 17. All correspondence will be sent to the applicant.
42. Insert the total fees due calculated from corresponding fee worksheets.
43. Do not write in this box.....for department use only.

Once the plans have been examined and approved, a Certificate of Plan Approval (CPA) will be issued per OBC 105.5 to the owner along with a minimum of one set of construction documents and a Site Inspection Sign-Off Log. The construction documents, CPA, and Log must remain at the job site at all times during construction in accordance with OBC 107.5.2 and 107.7. Required inspection and reporting information will be contained in the CPA. Inspections can be obtained from our office by calling (419)774-5517. Once all inspections have been completed and required reports have been submitted to the Building Official, a final Certificate of Occupancy will be issued in accordance with OBC 111. Please note that additional permits may be required by the local Health Department (plumbing, well, septic, food service, medical gas, backflow), Ohio Department of Commerce Bureau of Building Code Compliance(plumbing, medical gas, backflow), Ohio Department of Commerce Boiler Section, Ohio Department of Commerce Elevator Inspection Section, Ohio State Fire Marshall, Ohio EPA, Ohio Department of Jobs and Family Services (Day care licensing) Ohio Board of Cosmetology (Beauty and Tanning Salons) and your local zoning and fire authorities.