

SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS
APPLICATION FOR PLAN REVIEW of HOODS or HOOD SUPPRESSION

Read Instructions Before Filling In Form - Please Print Or Type

READ THE FOLLOWING INSTRUCTIONS & INFORMATION BEFORE COMPLETING THIS FORM

1. All drawings and specifications must be in TRIPLICATE. Specifications for the work can be either on the drawings or placed in book form. The name and address of the design professional shall be plainly printed on all sheets of the plans or drawings. All documents submitted shall provide sufficient information and detail to determine full compliance with the applicable codes.
2. SEE CODIFIED ORDINANCES OF SUMMIT COUNTY; CHAPTER 13 FOR; COMMERCIAL PLAN REVIEW FEE, REQUIRED PERMITS, AND PERMIT COSTS, etc.
3. Incomplete information may result in rejection of submittal. All documents submitted shall be reviewed and approved prior to issuance of permits and start of construction, unless authorized by written permission of the Building Official.
4. Falsification of a public document is a violation of the Ohio Revised Code, Section 2921.13(A)(5), a misdemeanor of the first degree, punishable by up to six (6) months imprisonment and a fine of \$1,000 or both.

If you have any questions concerning this form please contact the Summit County Department of Building Standards.

<p>Project Name _____</p> <p>Street Address (include suite number) _____</p> <p>City / Village / Township _____</p>	<p>Previous Building Permit Number: _____</p> <p>Cost of work : \$ _____</p> <p>Zip: _____</p>
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Project: New Addition Alteration / Replacement
Documents Submitted Hood Hood Suppression
Permanent Parcel No. (PPN): _____

Building Information

Type of Construction 1A 1B 2A 2B 3A 3B 4 5A 5B

Fire Protection & Alarm Systems

Fire Suppression None Partial Total **Fire Alarm** None Partial Total

OWNER
Name: _____
Name of Firm _____ Suite # _____
Street Address: _____
City/Village/Twp _____ State _____ Zip Code _____
Phone: () _____ Fax: () _____
Email Address : _____

SUBMITTER
Name : _____
Name of Firm _____ Suite # _____
Street Address: _____
City/Village/Twp _____ State _____ Zip Code _____
Phone: () _____ Fax: () _____
Email Address : _____

DESIGN PROFESSIONAL
Name: _____
Name of Firm : _____ Suite # _____
Street Address: _____
City/Village/Twp _____ State _____ Zip Code _____
Phone: () _____ Fax: () _____
Email Address : _____
Ohio Registration Number: _____

OFFICE USE
Plan Review Application Number: _____
Plan Application Date: _____ / _____ / _____
Comments:

Plan Examiner: _____
Final Approval _____ Date: _____