

SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS

1030 EAST TALLMADGE AVENUE, AKRON, OHIO 44310

PHONE (330) 630-7280 FAX (330) 630-7296

www.co.summit.oh.us/executive/bldgstds.htm

APPLICATION FOR COMMERCIAL PLAN REVIEW

READ THE FOLLOWING INSTRUCTIONS & INFORMATION BEFORE COMPLETING THIS TWO (2) PAGE FORM

1. All drawings and specifications, including plot plans, elevations, floor plans, and plans for elevator enclosures, must be in TRIPPLICATE, complete wall sections showing footer, foundation, floor, wall, and roof construction, indicating all structural members, size spacing, materials, etc. 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. Plot plans must be submitted with the drawings and must indicate distances to other buildings and property lines.
2. All plans submitted shall provide sufficient information and detail to determine full compliance with the applicable building code.
3. **A SEPARATE PLAN REVIEW APPLICATION FOR EACH BUILDING OR STRUCTURE IS REQUIRED.** The review does not include, but not limited to; zoning, site storm drainage, sewage disposal or health food services. It is the Owner's responsibility to submit plans and specifications for this work to the appropriate agency for review and approval. Contact the appropriate agency for submittal requirements.
4. SEE CODIFIED ORDINANCES OF SUMMIT COUNTY; CHAPTER 13 FOR; COMMERCIAL PLAN REVIEW FEE, REQUIRED PERMITS, AND PERMIT COSTS, etc.
5. First time tenant build-out in "raw/undeveloped" shell space shall be considered new construction.
6. 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.
7. 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.

OWNER

Name

Name of Firm

Street Address: Suite #

City/Village/Twp State Zip Code

() ()

Telephone Fax

Email Address

SUBMITTER

Name:

Name of Firm

Street Address: Suite #

City/Village/Twp State Zip Code

() ()

Telephone Fax

Email Address

DESIGN PROFESSIONAL

Name

Name of Firm

Street Address: Suite #

City/Village/Twp State Zip Code

() ()

Telephone Fax

Email Address

Plans Prepared By: Ohio Registration No.

Registered Architect

Registered Engineer

OFFICE USE

Plan Review Application Number: PPR _____

Plan Application Date: ____/____/____

Plan Examiner Comments:

Occupancy Load: _____

Method: SF Actual/Proposed Employee

Plans Examiner: _____

Initial Approval Date: _____

Final Approval Date: _____

SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS
APPLICATION FOR COMMERCIAL PLAN REVIEW
 READ INSTRUCTIONS BEFORE FILLING IN FORM—PAGE 2 OF 2—PLEASE PRINT OR TYPE

Project: New Change of Use Addition Alteration

Documents Submitted (check all that apply) **Permanent Parcel No.(PPN):** _____

Architectural Structural Mechanical Plumbing Electrical
 Underground Fire Line

Project Name _____

Street Address (include suite number) _____

_____ Zip: _____

City / Village / Township _____

Flood Plain YES NO
 If yes, submit required flood plain information.

Previous Building Permit Number: _____
 Cost of work : \$ _____

Identify square footage for this project (Total square footage per floor)
 Measure to outside walls for dimensions, include supported canopies.

• Basement _____ • First /Ground Floor _____ • 2nd _____ • 3rd _____
 • 4th _____ • 5th _____ • Other _____

Total square footage of all floors for this project: _____

Proposed Structure Use Group(s) (Check all that apply)

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5
 I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U

Mixed Use Option(s) / Separate Structure(s)
 Non-Separated Separated – Hour Rating _____ Fire Wall -Hour Rating _____
Identify fire areas and sq. ft. of each area on drawings Identify areas and sq. ft. of each Building on drawings

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

Fire Protection & Alarm Systems

Fire Suppression None Partial Total
 Required Non-Required

Fire Alarm None Partial Total
 Required Non-Required

Building Area Limitations: General Limitations Frontage Modification
 Suppression Modification Unlimited Area

Existing Structure Use Group(s) (Check all that apply)

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H
 I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U

Mixed Use Option(s) / Separate Structure(s)
 Non-Separated Separated –Hour Rating _____ Fire Wall -Hour Rating _____
Identify fire areas and sq. ft. of each area Identify areas and sq. ft. of each Building

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