

# SUMMIT COUNTY DEPARTMENT OF BUILDING STANDARDS

## APPLICATION FOR PLAN REVIEW of FIRE SUPPRESSION or FIRE ALARMS

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.**

_____ Project Name	Previous Building Permit Number: _____
_____ Street Address (include suite number)	Cost of work : \$ _____
_____ City / Village / Township	Zip: _____ Total Square Foot of Job: _____ SF.

**Project:**  New  Addition  Alteration /Replacement

**Documents Submitted:**  Fire Suppression -- System Required  Non-Required

Fire Alarms & Detection - System Required  Non-Required

**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: **PPR** \_\_\_\_\_

Plan Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plan Examiner:** \_\_\_\_\_

Final Approval \_\_\_\_\_ Date: \_\_\_\_\_