

City of Middleburg Heights

*15700 Bagley Road * Middleburg Heights * Ohio * 44130 * Phone: 440-234-2218 * Fax: 440-234-9092*



* APPLICATION FOR NON RESIDENTIAL PLAN APPROVAL *

Submit one application per building or structure.

All sections must be completed. Additional forms available at www.middleburgheights.com

1. **Scope of Project** (OBC 107.2.1): ___ General Building ___ Mechanical ___ Electrical ___ Plumbing
 ___ Fire Alarm ___ Sprinkler System

2. **Type of Project:** ___ New Building Construction ___ Alteration ___ Addition ___ Repairs

3. **Phased Plan Review:** ___ No ___ Yes (see Phased Plan Approval Worksheet)

4. **Related Information:** Is this project being submitted as a result of a previous preliminary plan review?
 ___ No ___ Yes, please provide preliminary plan review number: _____
Is this application being submitted as a result of a Notice of Violation or Adjudication Order?
 ___ No ___ Yes, please provide the adjudication order number: _____

5. **Project Location** (OBC 107.2.2): Tenant/Building Name: _____
Address: _____ Suite/Unit # _____
Permanent Parcel Number (**required**): _____
Is this project/building located in a flood plain? ___ No ___ Yes
Has flood plain administrator been contacted for requirements? ___ No ___ Yes

6. **Description of Scope of Work Covered Under This Application:** _____

7. **Building Owner Information:** Owner Name: _____ Phone: _____
Address: _____

8. **Applicant Information (Owner or designated representative)** (OBC 107.2): Applicant: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

9. **Registered Design Professional:** ___ Architect ___ Engineer ___ Certified Fire Protection System Designer (OBC 107.4.4)
Designer Name: _____ Reg./Cert No: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

10. General Building Code Information:

Use group(s): _____ Mixed use groups: ___ No ___ Yes ___ Separated ___ Non-separated
 Construction type: _____ Square Feet of Construction Space: _____
 Building height: _____ feet Number of stories: _____
 Occupancy load: _____ Storage height: _____ feet Storage aisle width: _____ feet

List <u>Use Group</u> below for mixed use building	List <u>Occupancy Type</u> for associated use group below
_____ _____	_____ _____

Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter N/A if not applicable)

Building sprinkler system? _____ Sprinkler demand @ base of riser (PSI)? _____
 Limited area sprinkler system? _____ Type 1 hood suppression? _____ In-Rack sprinkler system? _____
 Building fire alarm system? _____ Fire detection system? _____ Smoke detection system? _____

11. Certification: (OBC 107.2.5) I certify that I am the _____ Owner _____ Agent for the owner and 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.

 Print Name

 Signature & Date

12. Please Submit With Application:

- New Buildings:** 4 Construction Plans; 7 Site Improvement Plans; \$1000 Plan Exam Deposit
- Addition:** 4 Construction Plans; 4 Site Plans; \$500 Plan Exam Deposit
- Alteration:** 4 Construction Plans; \$500 Plan Exam Deposit
- Fire Alarm:** 4 Fire Alarm Plans; \$300 Plan Exam Deposit (up to 25 devices) \$500 Deposit (over 25 devices)
- Fire Sprinkler:** 4 Sprinkler Plans; \$300 Plan Exam Deposit (up to 150 heads) \$500 Deposit (over 151 heads)
- Fire/Hood Suppression:** 4 Suppression Plans; \$300 Plan Exam Deposit

FOR OUR RECORDS, WE ENCOURAGE A PDF OF THE FINAL SET OF APPROVED DOCUMENTS