

**LAKE COUNTY BUILDING DEPARTMENT**

27 Woodland Road, Painesville, Ohio 44077

Tel: 440-350-2636 440-918-2636 Fax: 440-350-2660

www.lakecountyohio.gov/buildinginspection

**APPLICATION FOR COMMERCIAL BUILDING PERMIT PLAN REVIEW**

**DATE OF SUBMISSION:** \_\_\_\_\_

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

1. All drawings and specifications, including plot plans must be in QUADRUPLE (4).
2. All submittals must include FOUR complete sets of drawings, including plot plan, elevations, floor plans, elevator enclosures, complete wall sections showing footer, foundation, floor, walls, and roof construction indicating all structural members, size, spacing, material, etc. Mechanical and Electrical drawings and specifications must be included. The name and address of author shall be plainly printed in the lower right hand corner of all plans or drawings.
3. All plans submitted shall bear sufficient information to determine compliance with the Ohio Building Code. Drawings shall also indicate clearly the principle use or occupancy of the building or structure. Where more than one type of use or occupancy is intended, the location and floor area for such uses or occupancies shall be clearly shown on plans.
4. The proposed work must be done in accordance with approved plans, specifications, codes, and standards. **Separate permits, which may be required for the proposed project, include electrical, HVAC, gas piping, hydronics, and refrigeration (these fees are paid by the general contractor at the time the initial building permit is issued). HOWEVER, YOU WILL STILL BE RESPONSIBLE FOR HAVING YOUR SUBCONTRACTORS COMPLETE & SUBMIT THE APPROPRIATE PERMIT APPLICATIONS.** Additionally, separate drawings, approvals and fees that may be needed include: hood, hood suppression, fire alarm, and fire sprinkler. All Plumbing Permits and Inspections must be obtained from the Lake County General Health District, 33 Mill Street, Painesville, Ohio Tel: 440-350-2543.
5. It is the duty of the General Contractor to insure that all required inspections are scheduled and all work installed has been approved by the Lake County Building Department prior to proceeding to the next phase of construction. The General Contractor is responsible to obtain a Final inspection at the completion of the project.
6. This permit becomes null and void if work or construction authorized is not commenced within 12 months, or if construction or work is suspended or abandoned for a period of 180 consecutive days at any time after work is commenced.
7. I hereby certify that I have read and examined this application and that all information is true, accurate, and complete. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I authorize the Lake County Building Department to enter this property for the purpose of site inspections for the duration of this project.
8. **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.**

**OWNER:**

NAME: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

TEL# ( ) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

**SUBMITTER:**

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

TEL# ( ) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

**DESIGN PROFESSIONAL:**

NAME: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

TEL# ( ) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

**Plans Prepared By:**                      **Name / Ohio Reg. No.**

Registered Architect                      \_\_\_\_\_

Registered Engineer                      \_\_\_\_\_

**GENERAL CONTRACTOR:**

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

TEL# ( ) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

**LAKE COUNTY BUILDING DEPARTMENT**

**APPLICATION FOR COMMERCIAL BUILDING PERMIT PLAN REVIEW**

READ INSTRUCTIONS BEFORE COMPLETING FORM - Page 2 of 2 – PLEASE PRINT OR TYPE

PROJECT NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

STREET ADDRESS OF CONSTRUCTION: \_\_\_\_\_

CITY/TOWNSHIP: \_\_\_\_\_ PERM PARCEL #: \_\_\_\_\_

IS CONSTRUCTION IN THE FLOODPLAIN: YES  NO

PROJECT TYPE: (Check all that apply) NEW  ADDITION  ALTERATION

CHANGE OF USE  DEMOLITION  OTHER  \_\_\_\_\_

DETAILED WORK DESCRIPTION: \_\_\_\_\_

EST CONSTRUCTION COST: \_\_\_\_\_

PLUMBING: YES  NO

**IDENTIFY SQUARE FOOTAGE FOR THIS PROJECT:**

Basement: \_\_\_\_\_ 1<sup>st</sup> Flr: \_\_\_\_\_ 2<sup>nd</sup> Flr: \_\_\_\_\_ 3<sup>rd</sup> Flr: \_\_\_\_\_ 4<sup>th</sup> Flr: \_\_\_\_\_ Other: \_\_\_\_\_

TOTAL SQ. FTG OF ALL FLOORS: \_\_\_\_\_

ZONING PERMIT #: \_\_\_\_\_ FIRE DEPT. COMMENTS DATE RECEIVED: \_\_\_\_\_

WELL OR PUBLIC WATER: \_\_\_\_\_ APPROVED WELL LOG #: \_\_\_\_\_

UTILITIES APPROVAL DATE: \_\_\_\_\_ SEPTIC APPROVAL DATE: \_\_\_\_\_

STORMWATER APPROVAL DATE: \_\_\_\_\_ SOIL & WATER APPROVAL DATE: \_\_\_\_\_

**PROPOSED STRUCTURE:**

Use Group (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 \_\_\_\_\_

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

**EXISTING STRUCTURE:**

Use Group: (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 \_\_\_\_\_

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Fire Protection & Alarm Systems:

Fire Suppression None  Partial  Total  Required  Non-Required

Fire Alarm None  Partial  Total  Required  Non-Required

**ALL FEES ARE NONREFUNDABLE**

LOG # \_\_\_\_\_ PERMIT FEES: \_\_\_\_\_ OFFICE USE ONLY DATE CALLED \_\_\_\_\_ PERSON CONTACTED \_\_\_\_\_