



City Of Olmsted Falls Building Department

Fees: _____

%: _____

TOTAL = \$

Return completed Applications to the Building Dept.
AN APPROVAL IS A LICENSE TO BUILD IN ACCORDANCE WITH THE APPROVED CONSTRUCTION DOCUMENTS. ONCE APPROVALS ARE GIVEN WORK MUST BE COMPLETED IN ACCORDANCE WITH THE APPROVED DOCUMENTS FAILURE TO DO SO WILL RESULT IN LICENSE FORFITURE

PLAN APPROVAL APPLICATION (3 SETS)

PROJECT ADDRESS: _____

PROPERTY OWNER(S): _____ PHONE #: _____

PROPERTY OWNER(S) ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

CONTRACTOR IN CHARGE OF CONSTRUCTION:

NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

REGISTERED DESIGN PROFESSIONAL:

NAME: _____ PHONE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

ARCHITECT CERT # _____ ENGINEER CERT # _____ FIRE PROTECTION # _____

GENERAL BUILDING INFORMATION:

USE GROUP: _____ MIXED USE GROUPS: YES _____ NO _____ SEPERATED _____ NON-SEPERATED _____

CONSTRUCTION TYPE: _____ BUILDING HEIGHT (FT): _____ NUMBER OF STORIES _____

OCCUPANT LOAD: _____ STORAGE HEIGHT(FT): _____ STORAGE AISLE WIDTH(FT) _____

SCOPE OF PROJECT:

(CHECK ALL APPLICABLE)

- Building General
- Mechanical
- Electrical
- Plumbing
- Sprinkler
- Fire Alarm

TYPE OF PROJECT:

- New Building
- Repairs
- Alterations
- Building Additions
- Change of Occupancy

PHASED PLAN REVIEW REQUESTED: No Yes *Phased approval needed for* _____

BRIEF DESCRIPTION OF THE SCOPE OF WORK UNDER THIS APPLICATION:

FIRE PROTECTION SYSTEM:

- N/A
- BUILDING SPRINKLER
- LIMITED SPRINKLER
- BUILDING FIRE ALARM
- TYPE 1 HOOD SUPPRESSION
- FIRE DETECTION SYSTEM
- SMOKE DETECTION SYSTEM
- OTHER _____

SPRINKLER DEMAND @ BASE OF RISER (PSI) : _____

PROPERTY OWNER AFFIDAVIT (FOR WORK BEING PERFORMED BY PROPERTY OWNER) :

I hereby certify _____ (INITIALS), as the property owner that *I personally will perform the work* described on the permit application *in lieu of securing the services of a registered professional* to complete the work, as provided for by the provisions of Section 1448.04 (i) of the Codified Ordinances of the City of Olmsted Falls, Ohio. I understand, that ALL Electric, HVAC & Plumbing permits must be obtained by a State of Ohio licensed contractor unless I can provide and document proficiency and knowledge of the codes & acceptable installation methods and that, as the permit holder, it is my responsibility to:

- Obtain all required Building Permits and Approvals
- Comply with all applicable Building Codes, Zoning Codes and other Specifications
- Obtain all required Inspections
- Assume responsibility for correcting any deficiencies detected during inspection(s).

I further understand that any misrepresentations or falsifications on a Permit Application may cause a suspension or revocation of *any* Registration issued, as provided in the Section 1448.04 (e) of the City of Olmsted Falls Building Code, and may be subject to the penalties provided in Section 1448.99

CERTIFICATION:

I CERTIFY THAT I AM THE _____ OWNER _____ OWNER'S AGENT 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

SIGNATURE: _____

PRINT NAME: _____ DATE: _____