

City of South Euclid Building Department
1349 South Green Road South Euclid, Ohio 44121
216-381-0400

Application for Non-Residential Plan Approval

Project/Building Location:

Building Name _____
Address _____
City, State, Zip _____

Scope of Project:

<input type="checkbox"/> Building General	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Sprinkler System
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Alarm

Type of Project:

<input type="checkbox"/> New Building Construction	<input type="checkbox"/> Repairs
<input type="checkbox"/> Building Addition	<input type="checkbox"/> Change of Occupancy
<input type="checkbox"/> Building Alterations	<input type="checkbox"/> Request Existing Bldg. C of O

Brief Description of the Scope of Work Covered Under this Application:

Building Owner Information:

Name _____
Address _____
City, State, Zip _____
Phone No. _____ Fax _____
Email _____

Applicant Information (Owner or designated representative):

Name _____
Address _____
City, State, Zip _____
Phone No. _____ Fax _____
Email _____

Registered design professional information:

<input type="checkbox"/> Architect	Ohio Registration No.:
<input type="checkbox"/> Engineer	Ohio Registration No.:
<input type="checkbox"/> Certified Fire Protection System Designer	Ohio Registration No.:
Designer _____	
Address _____	
City, State, Zip _____	
Phone No. _____ Fax _____	
Email _____	

General building code information:

Use Group(s):				
<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5
<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	
<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	
<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M
<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	
<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U		
Mixed use groups? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> Non-separated				

Construction Type:				
<input type="checkbox"/> I A	<input type="checkbox"/> I B	<input type="checkbox"/> II A	<input type="checkbox"/> II B	
<input type="checkbox"/> III A	<input type="checkbox"/> III B	<input type="checkbox"/> IV	<input type="checkbox"/> V A	<input type="checkbox"/> V B

Check appropriate floor(s):	Total square footage per floor:
<input type="checkbox"/> Basement	
<input type="checkbox"/> First Floor	
<input type="checkbox"/> 2, 3, 4, 5, 6	
<input type="checkbox"/> Additional floors	
Total Building Square Footage	

Compliance with energy code:
<input type="checkbox"/> I have submitted documentation with this submittal showing compliance with the energy code.

Fire protection systems:

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

<input type="checkbox"/> Building sprinkler system:	<input type="checkbox"/> Smoke detection system:
<input type="checkbox"/> Limited area sprinkler system:	<input type="checkbox"/> Fire detection system:
<input type="checkbox"/> Building fire alarm system:	<input type="checkbox"/> Hood suppression:

Cost of Construction:

Cost of the work covered by this application:

Certification:

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.

Signature _____
 Print Name _____ Date _____

This Application for Non-residential Plan Approval must be submitted along with the Professional Service Fee Acknowledgement form and associated fee in accordance with South Euclid Codified Ordinance Section 1305.9.

THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Date received:	Application No.:
Amount of Professional Service Fee:	Check No.:
Processed by:	