VILLAGE of HIGHLAND HILLS
APPLICATION for PERMIT/PLAN REVIEW
3700 NORTHFIELD ROAD HIGHLAND HILLS OHIO 44122
216.283.3000 x 240 Email: bldg@vhhohio.org

NON-RESIDENTIAL APPLICATIONS ONLY

9	**REGISTERED DESIGN PROFESSIONAL INFORMATION:**		Architect		Engineer		Certified Fire protection system designer (OBC 107.4.4)				
Designer					Registration /Certificate No.:						
Street Address			City		State		Zip				
Phone No.		Fax		E-mail							

10	**BUILDING CODE INFORMATION:**										
	(Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)										
Current use group(s)		Current use group(s)		Current use group(s)							
Occupancy Description:											
11	**GENERAL BUILDING INFORMATION:** (The following information applies to the ***entire building***, not just construction area.)										
▪	Building Information:										
	Use group(s)?		Mixed use groups?		No		Yes		Separated		Non-separated
	Construction type?		Building height (FT)?		No. of stories?						
	Occupant load?		Storage height (FT)?		Storage aisle width (FT)?						

▪ List USE GROUP below for mixed use building.	▪ List Occupancy Type 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?		

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12	**CERTIFICATION:**					14	**THE AREA BELOW IS FOR OFFICIAL USE ONLY:**				
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.						Date received		Appl. No.:			
						Check No.:		Verification #			
						Processed by:				Walk in	Mail in
Signature											
Print Name:		Date									
						Rev. 11/2019					

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1	SCOPE OF PROJECT:				2	TYPE OF PROJECT:			3	PHASED PLAN REVIEW:	
							Repairs				Foundation
		Building General		Sprinkler System			New Building Construction				Partial
		Mechanical		Fire Alarm			Alteration				
		Electrical					Building Addition				
		Plumbing					Change of Occupancy				
							Request Existing Bldg C of O				

4	APPLICATION RELATED INFORMATION:							
	▪ Is this project being submitted as a result of a previous preliminary plan review?							
		No			Yes, please provide the preliminary plan review number:			
	▪ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?							
		No			Yes, please provide the adjudication order number:			
	COST OF WORK COVERED BY THIS APPLICATION $							

5	PROJECT/BUILDING LOCATION:							
STREET ADDRESS								
▪ Is this project/building located in a flood plain?			Yes		No			
▪ Has flood plain administrator been contacted for requirements?			Yes		No			

6	BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:

7	BUILDING OWNER INFORMATION:								
Name of owner				Attention:					
Street Address		City		State		Zip			
Phone No.		Fax		E-mail					

8	APPLICANT INFORMATION: (Owner or designated representative)								
Applicant				Attention:					
Street Address		City		State		Zip			
Phone No.		Fax							
Email									

SEE PAGE 2----------→

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