VILLAGE OF SHEFFIELD

APPLICATION FOR CERTIFICATE OF PLAN APPROVAL PERMIT #_____

SUBMIT ONE APPLICATION FOR EACH BUILDING OR STRUCTURE – **PRINT OR TYPE**

1. Owner's Name_____
Name of firm_____
Street Address_____
City/State/Zip_____
Telephone Number_____

2. Contractor_____
Street Address_____
City/State/Zip_____
Registration Number_____
Telephone Number_____

3. Plans Prepared By:
A. Ohio Reg. Architect Number_____
B. Ohio Professional Engineer Number_____
C. Other_____

4. Author of Plans_____
Street Address_____
City/State/Zip_____
Telephone Number_____

5. A. Exact Location of Project_____
B. Sublot Number_____ Parcel Number_____
C. Type of Building (store, church, restaurant, etc.)_____
D. Describe the Exact Use of Building – BE PRECISE_____
_____

6. A. Nature of Construction (check one)
New_____ Addition_____ Alteration_____ Change of Use_____

B. **Complete items 1-13 for each building or structure. If the project is an addition, alteration, or chapter 34, provide the supplementary information requested below for the existing building. Submit drawings and details of the existing building along with the new drawings.**

A. Area – Square Feet Basement_____ 1st Floor_____ 2nd Floor_____ 3rd Floor_____ Other Floors_____	B. Walls:____Masonry ____Wood Frame _____Metal _____Other – specify C. Roof:____Wood Frame ____All Metal _____Reinforced Concrete _____Heavy Timber ____Other D. Floors:_____Wood on Wood Joists _____Concrete on Steel Joists _____Reinforced Concrete _____Slab on Grade _____Other E. Ceilings:_____Exposed Steel _____Wood Joists _____Plaster on Lath _____Fire Rated Drywall or Tile Rating in Hours_____

F. Show any fire walls, their thickness and openings	G. Does addition block exits from present building? How?	H. Comments & other explanations

7. Type of Construction of New Work – Chapter 6, Table 601 – OBC

1-A_____ 2-A_____ 3-A_____ 4_____ 5-A_____

1-B_____ 2-B_____ 3-B_____ 5-B_____

8.

A. Use Group Classification – Chapter 3, OBC

Assembly—Section 303:

A-1_____ A-2_____ A-3_____ A-4_____ A-5_____

Business—Section 304:

B_____

Educational—Section 305:

E_____

Factory & Industrial—Section 306,306.2,306.3:

F1_____ F2_____

High Hazard—Section 307:

H_____

Institutional—Section 308:

I1_____ I2_____ I3_____ I4_____

Mercantile—Section 309:

M_____

Residential—Section 310:

R1_____ R2_____ R3_____ R4_____

Storage—Section 311, 311.2, 311.3:

S1_____ S2_____

Utility & Misc.—Section 312

U_____

B. If the building is Use Group S, what is the nature of materials to be stored?

Combustibles_____ Noncombustible_____

C. If the building is Use Group R1, R2, R3, specify the number of apartments on units_____

D. If the building is Use Group I-2, specify the number of beds_____

9. Maximum Occupancy Load – Table 1003.2.2.2 OBC:_____

10. Enter the dimensions and square footage of new work

A. Basement:_____

B. First Floor:_____

C. Second, Third, Fourth, etc:_____

D. Additional Floors:_____

E. Total square footage (A+B+C+D)_____

PLUMBING
FILL IN QUANTITIES

_____Closet _____Lavatory _____Tray _____Shower _____Boiler _____Fountain

_____Bath Tub _____Sink _____Heater _____Sanitary Sink _____Urinal _____Other

ELECTRICAL EQUPMENT
FILL IN QUANTITIES

_____Outlets _____Fixtures _____Motors _____Generators _____Misc.

HEATING EQUPMENT

Type of equipment_____ Number of Units_____

Type of fuel: Natural Gas_____ L.P. Gas_____ Electric_____ Misc_____

Number of supply openings:_____ Number of return openings_____

BELOW AREA IS TO BE FILLED OUT BY THE APPLICANT BEFORE A BUILDING PERMIT WILL BE ISSUED. IF THE OWNER IS COMPLETING THE WORK, PLEASE SUBMIT THE NAME.

	CONTRACTOR NAME	ADDRESS
MASONRY		
CARPENTRY		
PLUMBING		
ELECTRICAL		
HEATING & AIR		
STEEL ERECTORS		
EXCAVATORS		
LANDSCAPERS		
OTHER		

$_____ _____ _____

Estimated cost of Construction Permanent Parcel Numbers Zoning

_____ _____

Signature of Applicant Signature of Building Inspector

DO NOT WRITE BELOW THIS LINE

Approval contingent upon the following:

Code – OBC Date_____ Plan Examiner_____

Planning Commissioner Date_____ _____

Engineering Date_____ _____

Fire Department Date_____ _____