



**CITY OF REMINDERVILLE**  
**APPLICATION FOR NON RESIDENTIAL PLAN APPROVAL**

<b>1 SCOPE OF PROJECT: (OBC 107.2.1)</b>  <input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	<b>2 TYPE OF PROJECT:</b>  <input type="checkbox"/> Repairs <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy Request Existing Bldg C of O	<b>3 PHASED PLAN REVIEW:</b>  <input type="checkbox"/> Foundation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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**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:

**5 PROJECT/BUILDING LOCATION: (OBC 107.2.2)**

Street Address \_\_\_\_\_ Building Name \_\_\_\_\_  
 City Reminderville State OH Zip Code \_\_\_\_\_ County Summit  
 Square Footage \_\_\_\_\_

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: (OBC 107.2.1)**

\_\_\_\_\_

**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) (OBC 107.2)**

Applicant \_\_\_\_\_ Attention: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**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 \_\_\_\_\_

**Cost of work covered by this application: \_\_\_\_\_**

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<b>10</b>	<b>BUILDING CODE INFORMATION:</b> (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: _____
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<b>11</b>	<b>GENERAL BUILDING INFORMATION:</b> (The following information applies to the <i>entire building</i> , not just construction area.) (OBC 107.2.3.)  Building Information: Use group(s)? _____ Mixed use groups? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> Non-separated Construction type? _____ Building height (FT)? _____ No. of stories? _____ Occupant load? _____ Storage height (FT)? _____ Storage aisle width (FT)? _____
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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? _____
Building fire alarm system? _____	In-Rack sprinkler system? _____
	Fire detection system? _____
	Smoke detection system? _____

<b>12</b>	<b>CERTIFICATION:</b> (OBC 107.2.5)  I certify that I am the <input type="checkbox"/> Owner <input type="checkbox"/> 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 _____
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<b>14</b>	<b>THE AREA BELOW IS FOR OFFICIAL USE ONLY:</b>  Date received _____ Appl. No.: _____ Check No.: _____ Verification # _____ Processed by: _____ <input type="checkbox"/> Walk in <input type="checkbox"/> Mail in
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**Ohio Building Code Fees (A)**

Building \_\_\_\_\_  
 Electric \_\_\_\_\_  
 Heating Ventilation  
 And Air Conditioning \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Fire Protection \_\_\_\_\_  
 Plan Review \_\_\_\_\_  
 Ohio Board of Building  
 Standards surcharge (3%) \_\_\_\_\_  
 Subtotal (A) \_\_\_\_\_

**Local Fees and Deposits(B)**

Certificate of Occupancy \_\_\_\_\_  
 Street Opening \_\_\_\_\_  
 Cash Bond Deposit \_\_\_\_\_  
 Subtotal (B) \_\_\_\_\_  
 +Subtotal (A) \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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**DIRECTIONS FOR COMPLETING  
THE CITY OF REMINDERVILLE BUILDING DEPARTMENT  
APPLICATION FOR BUILDING PLAN APPROVAL**

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-01, pursuant to Ohio Revised Code (ORC) Section 3791.04, before beginning the construction, erection or manufacture of any building for which construction documents are required, the owner shall submit three (3) copies of construction drawings to this division for approval. The construction documents shall be accompanied with the application form and attached (scope / fees) worksheets. The construction documents shall be prepared by a registered design professional pursuant to OAC 4101:1-1-01. An examination and inspection fee will be assessed at the time of submittal as outlined in OAC 4101:1-1-01.

**Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 14, must be completed in full or the application will be returned. Send this completed form along with all required documents to The City of Reminderville, Building Department, 3382 Glenwood Boulevard, Reminderville, Ohio 44202**

1. **SCOPE OF PROJECT:** Check all the boxes that apply to the scope of work proposed in this project. Every scope of work checked must be accompanied with the appropriate fees. Without establishing the proper scope of work, the division will be unable to establish the inspection schedule for the project. Please note that "**Building General**" refers to **all "general trade" work** in the building including ceiling panels/grids, non-loadbearing partitions, flooring, etc.; NOT just structural loadbearing components of the building.
2. **TYPE OF PROJECT:** Check one of the types of projects from the list.
3. **PHASED PLAN REVIEW:** If you are applying for a phased plan approval, check all phases of the plan reviews that are applicable to this project. The plans examiner will review your plans according to the phased schedule. If you are not applying for a phased plan review, leave all boxes blank.
4. **APPLICATION RELATED INFORMATION:** Answer each of the questions in this block and provide additional information accordingly. Complete answers to the questions will help the division process and review the project accurately.
5. **PROJECT/BUILDING LOCATION:** Please provide complete information identifying the location of the building where the construction or renovation will occur. This will help the division determine the proper jurisdiction for the project.
6. **BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:** Please provide a brief description of the scope of work. Please include the names of the areas or rooms affected by the construction when only a portion of building is covered under the permit application. The description provided will be shown on your certificate of use and occupancy.
7. **BUILDING OWNER INFORMATION:** Please provide complete answers to each item. If the building is owned by a corporation, please provide the name of the corporation and identify a contact person in the section called "Attention."
8. **APPLICANT INFORMATION:** Provide complete information. All project correspondences will be directed to the project applicant.
9. **DESIGNER INFORMATION:** Section 106.2 of the Ohio Building Code requires that the design professional be identified including the design professional's Ohio registration number.
10. **BUILDING CODE INFORMATION:** Information provided applies to the construction area in a mixed use groups building, or the entire building if it is a single use group building. For change of occupancy, the term "Current use group" refers to the approved use group under the previous occupancy. For information concerning the term "Proposed use group", please refer to Chapters 3 and 6 of Ohio Building Code for the proper classification.
11. **GENERAL BUILDING INFORMATION:** The information provided applies to the entire building and is not limited to the construction area. Even when the proposed project is a partial building renovation or a building addition, the information for the entire building is required. The information provided will be shown on your certificate of use and occupancy in accordance with section 111 of the Ohio Building Code.
12. **APPLICATION FEES:** Please check one of the preferred payment methods and provide the square footage or linear footage of the areas affected by the construction. Please refer to the Fees Worksheet in this package for more details.
13. **CERTIFICATION:** The application cannot be processed if this section is not complete.
14. **OFFICE USE ONLY:** This section is reserved for our office use only. Please do not mark in this area.

*Once the plans have been examined and approved, a Certificate of Plan Approval will be issued to the owner along with two sets of construction documents. One of the sets of construction documents must remain at the job site at all times during construction pursuant to OAC 4101:1-1-01. Inspections can be scheduled by contacting the Building Department during regular business hours at 330-562-1234. Once all inspections have been obtained a final Certificate of Occupancy will be issued pursuant to OAC 4101:1-1-01.*