



Department of Building, Zoning & Housing  
 26789 Highland Road  
 Richmond Heights, Ohio 44143-1429  
 216-383-6312 Fax: 216-383-6319  
 richmondheightsohio.org

## COMMERICAL BUILDING PERMIT APPLICATION

LOCATION OF PROJECT \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CONTRACTOR 'S CO. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**COST OF WORK COST BY THIS APPLICATION \$ \_\_\_\_\_**  
**SQUARE FOOT PER FLOOR (OF PROJECT AREA) \_\_\_\_\_**

NEW CONSTRUCTION  ADDITION  ALTERATION  CHANGE OF USE  ARTICLE 32

**TYPE OF CONSTRUCTION (CHECK ONE)**

- 1 A  1 B
- 2 A  2 B  2 C
- 3 A  3 B
- 4
- 5 A  5 B

**PROPOSED USE GROUP (CHECK ONE)**

- A 1  A 2  A 3  A 4  A 5
- B  E  F 1  F 2
- H 1  H 2  H 3  H 4
- I 1  I 2  I 3  M
- R 1  R 2  R 3  R 4
- S 1  S 2  U

WILL THIS BUILDING BE EQUIPPED WITH FIRE PROTECTION EQUIPMENT?  YES  NO

STATE OF OHIO REGISTRATION (PROVIDE REGISTRATION NUMBER)

ARCHITECT \_\_\_\_\_ ENGINEER \_\_\_\_\_ SPRINKLER SYSTEM DESIGNER \_\_\_\_\_ OTHER \_\_\_\_\_

NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**Re-inspection of work done pursuant to a permit or work performed to correct violations: \$100.00 for each Re-inspection. The City shall also be reimbursed by the property owner for the cost of any professional consultant used by the City to inspect work.**

APPLICANT (SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

**A.R.B. PROJECT NUMBER** \_\_\_\_\_ **APPLICATION NUMBER** \_\_\_\_\_



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### **DESCRIPTION OF WORK**

**Please include all submittals with application.  
Applications without the proper submittals will not be reviewed.**



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## 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:**

_____ _____ _____
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**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:
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**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 Acknowledgment form and associated fee in accordance with Richmond Heights Codified Ordinance Section**

**THE AREA BELOW IS FOR OFFICIAL USE ONLY:**

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