



City of North Royalton

Mayor Robert A. Stefanik
Community Development, Building Division
Dan Kulchytsky Building Commissioner
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APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL COMMERCIAL, INDUSTRIAL AND MULTI-FAMILY (4 UNITS OR MORE)

- Submit one completed application per building or structure. Type or print all information in ink. Fill in the forms completely. Incomplete forms may delay processing.
- Submit three (3) hard copies of the entire set of construction documents (drawings and specifications). Drawings shall be to a standard scale and legible.
- Submit a digital copy (PDF) of the entire set of construction documents (drawings and specifications).

1. PROJECT LOCATION (OBC 107.2.2):

Address _____

Occupant, Business or Tenant (if applicable) _____

Permanent Parcel Number _____

Zoning District and Ward _____

2. SCOPE OF PROJECT / WORK (OBC 107.2.1):

Building / General _____ Electrical _____

Fire Protection Systems (describe) _____

HVACR (Mechanical) _____ Plumbing _____

Specialty/Miscellaneous/Other (describe) _____

3. TYPE OF PROJECT / WORK:

New Construction _____ Addition _____

Alteration _____ Demolition _____

4. CODE INFORMATION (OBC 107.2.3):

Construction Type (1A, 1B, 2A, 2B, 3A, 3B, 4, 5A or 5B) _____

Building Height and Number of Stories _____

Use Group 1 (A1-A4, B, E, F1, F2, H1-H5, I1-I4, M, R1-R4, S1, S2 & U) _____

Description of Use Group 1 _____

Use Group 2 (A1-A4, B, E, F1, F2, H1-H5, I1-I4, M, R1-R4, S1, S2 & U) _____

Description of Use Group 2 _____

Use Group 3 (A1-A4, B, E, F1, F2, H1-H5, I1-I4, M, R1-R4, S1, S2 & U) _____

Description of Use Group 3 _____

Is the structure a Mixed Use building? _____

If it is a Mixed Use building then is it a Separated or Non-separated use? _____

Storage height, if any? _____

Storage aisle width, if any? _____

5. FIRE PROTECTION SYSTEMS:

_____	_____
Building sprinkler system	Sprinkler demand at base of riser
_____	_____
Limited area sprinkler system	In-rack sprinkler system
_____	_____
Type 1 hood suppression	Building fire alarm system
_____	_____
Fire detection system	Smoke detection system

6. DESCRIBE THE SCOPE OF WORK COVERED UNDER THIS APPLICATION (OBC 107.2.1):

7. ESTIMATED CONSTRUCTION COST:

The International Code Council "Building Valuation Data" construction cost guide or an industry standard estimating guide such as R S Means may supersede estimated value provided.

8. PROPERTY OWNER:

_____	_____
Name	Name of Business (if applicable)
_____	_____
Address	Phone
_____	_____
City, State and Postal Code	Email (electronic mail)

9. APPLICANT - OWNER OR DESIGNATED REPRESENTATIVE (OBC 107.2):

_____	_____
Name	Name of Business (if applicable)
_____	_____
Address	Phone
_____	_____
City, State and Postal Code	Email (electronic mail)

10. REGISTERED DESIGN PROFESSIONAL – ARCHITECT, ENGINEER OR CERTIFIED FIRE PROTECTION SYSTEM DESIGNER (OBC 107.4.4):

_____	_____
Name	Name of Business (if applicable)
_____	_____
Address	Phone
_____	_____
City, State and Postal Code	Email (electronic mail)

_____	_____
Registration / Certification Number and Expiration Number	Type of Design Professional (Architect, Engineer, Fire Protection, Etc.)

11. LIST OF CONTRACTORS / SUB-CONTRACTORS (N.R.C.O. 1444):

Carpentry

Masonry

Electrical

Plumbing

Excavation

Roofing

General

Specialty / Miscellaneous / Other

HVACR (Heating Ventilation Air-conditioning and Refrigeration)

Specialty / Miscellaneous / Other

12. Certification (OBC107.2.5):

I certify that I am the _____ Owner _____ Owners Authorized Agent and that all of the information contained in this application is true, accurate and completed to the best of my knowledge. All official correspondence related to this application should be sent to my attention at the address shown above.

Signature

Printed Name, Title and Date

THE AREAS BELOW ARE FOR OFFICIAL USE ONLY

CLERICAL:

Application Fee or Deposits Taken

Permit Application Number

Payment Information (date, check number, cash, etc.)

Application Fee Received By

NOTES:

PERMIT FEES

