

- ARCHITECTURAL/STRUCTURAL
- MECHANICAL
- ELECTRICAL
- FIRE PROTECTION SYSTEMS
- CHANGE OF USE/OTHER

City of Alliance

Department of Building Standards



APPLICATION FOR PLAN REVIEW
OHIO BASIC BUILDING CODE

Submit (2) Two Sets Architectural
Submit (3) Three Sets Fire Protection, Electrical, Mechanical/Energy Analysis

(SUBMIT ONE APPLICATION FOR EACH BUILDING OR STRUCTURE)
PLEASE PRINT OR TYPE

1. Owner's Name

Name of Firm _____

Street Address _____

City _____ Zip Code _____

Telephone _____

7. Submitter's Name

Name of Firm _____

Street Address _____

City _____ Zip Code _____

Telephone No. _____ Email _____

Signature of Applicant _____

Title Designer _____ Owner _____ Contractor _____ Date _____

COMPLETE ITEMS 1 THROUGH 9 FOR EACH BUILDING OR STRUCTURE. IF THE PROJECT IS AN ADDITION, ALTERATION, OR CHANGE OF USE, PROVIDE THE SUPPLEMENTARY INFORMATION REQUESTED BELOW FOR THE EXISTING BUILDING.

EXISTING BUILDING A. (Area - Height)	WALLS <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Metal <input type="checkbox"/> Other (Specify) _____
Basement _____	ROOF <input type="checkbox"/> Wood Frame <input type="checkbox"/> All Metal <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Other _____
1st Floor _____	FLOOR <input type="checkbox"/> Wood on Wood Joists <input type="checkbox"/> Concrete on Steel Joists <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Other _____
2nd Floor _____	CEILING <input type="checkbox"/> Exposed Joists <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Plaster on Lath <input type="checkbox"/> Fire Rated Dry Wall or Tile <input type="checkbox"/> Rating in Hours <input type="checkbox"/> _____
3rd Floor _____	
Other Floors _____	
B. Show any fire walls, their thickness and openings _____	
D. Number of Required Exits _____	
C. Does addition block exits from present building? If so, how? _____	
E. Existing Fire Suppression _____	
F. Comments and other Explanations _____	

2. Plans Prepared By (check one)

A. Ohio Registered Architect

B. Ohio Professional Engineer

C. Ohio Sprinkler System Designer

D. Other

Ohio Registration No. _____

8. A. Current OBBC Use Group

Mixed Use Option (OBBC 313.0)
1 2 3 4 N/A

B. Proposed OBBC Use Group

A1A A1B A2 A3 A4 A5 B E F1 F2 H 11 12 13 M R1 R2 R3 S1 S2 U

3. Name of Person Drawing Plans

Street Address _____

City _____

Telephone No. _____

C. If building is Use Group R1, R2 or R3, specify the number of apartments or units _____

D. Value of work covered by this application \$ _____

Fire Suppression
Yes _____ No _____

4. A. Nature of Job

New Change of Use FILL OUT ABOVE

Addition Alteration Article 34

B. Previous Building Permit number _____

Preliminary Plan Review number _____

9. Type of Construction

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

10. To Calculate Floor Area:

A. Measure to outside walls for dimensions.

B. Include supported canopies as measured from the center-lines of the furthest columns or supports.

C. Do not include roofs or canopies which cantilever from building.

Check Appropriate Floor(s)	Total Square Feet per Floor	Height
A. Basement		
B. First Floor		
C. 2, 3, 4, 5, 6, (Circle No.)		
D. Additional Floors		
E. Total Square Feet. = A + B + C + D		

5. A. Name of job and description of building - Store, Church, etc. _____

6. Street Address _____

Specify EXACT location of project _____

Location Landmarks, etc. _____ Flood Plain YES NO

DO NOT WRITE BELOW THIS LINE - SEE REVERSE FOR PLAN REVIEW COMMENTS/ADDENDA

Deficiency Letter To: Date: _____	Corrections Made Date: _____	Plan Examiner: A/S M FP Date _____
Use Group: Const. Type: _____	Occupancy Load Allowable _____	Fire Rating _____

PERMIT SUMMARY

Application Fee	Date	Approval	Date	Permit Number	By	Comments	Permit Fee	Date
		ZONING/PLANNING						
		ARCHITECTURAL/STRUCTURAL						
		PLUMBING						
		HVAC						
		ELECTRICAL						
		FIRE PROTECTION						
		OTHER						
		CERTIFICATE OF OCCUPANCY						



The City of

Alliance, OHIO, 44601

"The Carnation City"

DEPT. OF BUILDING AND INSPECTION

504 E. Main St.

PHONE 330-823-5122
FAX 330-829-2236

PLAN REVIEW

Application No. _____

Addendum Date _____

Project _____

Applicant _____

Address _____

Use Group _____

Area (sq. ft.) Basement _____

Const. Type _____

1st _____

Fire Suppression:

Fire Detection:

2nd _____

Article 13/Limited Sprinkler

Type _____

3rd _____

Storage Room

Total _____

Furnace Room

Vent Hoods

Other _____

Special Occupancy Requirements _____

Floor Live Load _____

This addendum is made part of plans. Items listed shall be incorporated into the work.

Addendum Accepted

Owner, Contractor, Agent

Plan Reviewer