City of Springfield, Ohio

COMMUNITY DEVELOPMENT DEPARTMENT-BUILDING REGULATIONS DIVISION

76 East High Street Springfield, Ohio 45502 Phone (937) 324-7389 Fax (937) 328-3558

SUBMIT ELECTRONIC PLANS TO PLANS@SPRINGFIELDOHIO.GOV

PLAN APPROVAL APPLICATION FOR COMMERCIAL

IWORQ #_____

SCOPE OF PROJECT: (OBC 107.2.1)

___ Building ____ Sprinkler System
___ Mechanical ____ Fire Alarm
___ Electrical ____ Gas Piping
___ Plumbing ____ Commercial Roof/Re-roof

_____ Total Sq Ft

TYPE OF PROJECT

___ Repairs
___ New Construction
___ Alteration
___ Building Addition
___ Change of Occupancy
___ Mechanicals Only

PHASED PLAN REVIEW

___ Foundation to Grade
___ White Box only(Certificate of Completion)
___ Use Group
___ Construction Type

Construction Value
_____

Contract Cost
_____

PROJECT/BUILDING LOCATION: (OBC 107.2.2)

Name: _____ Street Address: _____
City: _____ Zip Code: _____ County: _____
Is project in flood plain? _____ Has flood plain administrator been contacted for requirements? _____

BRIEF DESCRIPTION OF SCOPE OF WORK: (OBC 107.2.1) _____
_____
_____
_____

BUILDING OWNER INFORMATION:

Owner name:_____ **Street Address:** _____
City:_____ **State:**_____ **Zip Code:**_____
Phone No:_____ **Fax:** _____ **Email Address:**_____

CONTRACTOR INFORMATION:

Owner name:_____ Street Address: _____
City:_____ State:_____ Zip Code:_____ Registration No._____
Phone No:_____ Fax: _____ Email Address:_____

DESIGN PROFESSIONAL: _____Architect _____ Engineer _____Certified fire protection designer (OBC 107.4.4)

Registration/certificate/license number:_____
Designer:_____ Street Address: _____
City:_____ State:_____ Zip Code:_____
Phone No:_____ Fax: _____ Email Address:_____

BUILDING CODE INFORMATION (OBC 106)

(Information applies to construction area in a mixed use groups building, or the entire building if a single use group)
Current Use Group(s) _____ Occupancy Description: _____
General Building Information (the following information applies to the entire building, not just the construction area)(OBC 107.2.3)
Use group(s) _____ Mixed use groups ____No ____Yes ____ Separated ____ Non-Separated ____ Construction type
Building Height (ft)_____ No. of stories _____ Occupant load_____ Storage height _____ Aisle width (ft) _____

FIRE PROTECTION SYSTEMS (Enter the type of system such as NFPA 13, NFPA 72, etc., if known.

Building Sprinkler System: _____ Sprinkler demand @ base of riser (PSI) _____
Type 1 hood suppression: _____ In rack sprinkler system: _____ Limited area sprinkler system: _____
Building fire alarm System:_____ Fire detection system: _____ Smoke detection System: _____

Certification: (OBC 107.2.5)

I certify that I am the ____ owner _____ Authorized Agent

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 _____ Date _____

Office use only

Date received _____ Iworqs No._____
Check No. _____Cash _____ Credit Card _____
Processed by: _____ ____ Walk in ____ Mail in