



# CITY OF MANSFIELD

## APPLICATION FOR COMMERCIAL BUILDING PLAN APPROVAL

Bureau of Buildings, Inspections, Licenses and Permits

30 N. Diamond Street, Mansfield, Ohio 44902

Phone : (419)755-9688 [www.ci.mansfield.oh.us](http://www.ci.mansfield.oh.us)

**Submit one application for each building or structure. Please print or type. All sections must be completed. Refer to the instruction sheet for completing this application. For projects that require zoning approval, an application for zoning permit is also required to be submitted for the appropriate Zoning and Engineering review.**

### PROJECT AND CONTACT INFORMATION

**Permitting@ci.mansfield.oh.us**

<b>1</b>	Name of Project:			
Description of Project:				
Parcel ID No.:				
Address of Project:				
<b>2</b>	Name of applicant:			
Address:		City:	State:	Zip:
Phone:		E-Mail:		
<b>3</b>	Property Owner:		Attention/Contact:	
Address:		City:	State:	Zip:
Phone:		E-Mail:		
<b>4</b>	Plans prepared by: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer <input type="checkbox"/> Other    (check one)			
Name:			Ohio Registration Number:	
Address:		City:	State:	Zip:
Phone:		E-Mail:		

### BUILDING CODE INFORMATION

<b>5</b>	Scope of Project	<b>6</b>	Type of project	<b>7</b>	Construction Type:	<b>8</b>	Building Height (ft.):
	<input type="checkbox"/> Structural		<input type="checkbox"/> New Construction	<b>9</b>	Number of Stories:	<b>10</b>	Basement <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Electrical		<input type="checkbox"/> Alteration	<b>11</b>	Gross Building Area (sf):		
	<input type="checkbox"/> Mechanical		<input type="checkbox"/> Addition	<b>12</b>	Proposed Area per floor (sf):		
	<input type="checkbox"/> Auto Sprinkler / Suppression		<input type="checkbox"/> Repairs	<b>13</b>	Total Altered / Added area of existing buildings (sf):		
	<input type="checkbox"/> Fire Alarm		<input type="checkbox"/> Change of Occupancy	<b>14</b>	Unlimited Area Building (OBC 507): <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Industrialized Unit	<b>15</b>	Previous or related Certificate of Plan Approval (CPA) Number(s):				
	<input type="checkbox"/> Building / Ground Signage	<b>16</b>	Cost of work covered by this application:	\$			
	<input type="checkbox"/> Kitchen Exhaust Hood(s)	<b>17</b>	Enter number of sheets in one set of your drawings:	Spec Book included <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Temporary Use	<b>18</b>	Is this project located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Zone:			
<b>19</b>	Existing Use Group(s) and Occupancy description(s):						
<b>20</b>	Proposed Use Group(s) and Occupancy description(s):						
<b>21</b>	Special Inspections required per OBC Ch. 17: <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>22</b>	Geotechnical Investigation required per OBC Ch. 18: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>23</b>	For mixed occupancies, how are they separated	<b>24</b>	Maximum design occupant load of entire structure per OBC 1004:				
	<input type="checkbox"/> Incidental Uses (OBC 508.2)	<b>25</b>	For residential occupancies, number of dwelling / sleeping units:				
	<input type="checkbox"/> Accessory Occupancies (OBC 508.3.1)	<b>26</b>	Plumbing Fixtures are: <input type="checkbox"/> Provided <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided in another structure				
	<input type="checkbox"/> Nonseparated Occupancies (OBC 508.3.2)	<b>27</b>	Accessibility per OBC Chapter 11 is: <input type="checkbox"/> Shown throughout new construction				
	<input type="checkbox"/> Separated Occupancies (OBC 508.3.3)			<input type="checkbox"/> Shown in altered areas only <input type="checkbox"/> Not Required (attach statement of reason)			

**CONTRACTOR INFORMATION** (Enter information if known. If unknown, enter TBD. If not applicable, enter N/A)

	Contractor Trade	Contractor Name / Company	City of Mansfield Contractor Registration Number
28	General Contractor		
29	Electrical Contractor		
30	Mechanical Contractor		
31	Site / Excavation		
32	Automatic Sprinkler		
33	Alt. Auto Fire-Extg.		
34	Fire Alarm		
35	Sign Contractor		
36			

**BUILDING SYSTEMS INFORMATION**

37	Is an Automatic Sprinkler or Standpipe System (OBC 903/905) installed in the existing structure or proposed in a new structure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the automatic sprinkler systems information sheet when the drawings are submitted. <input type="checkbox"/> Information is attached <input type="checkbox"/> Information will be submitted for a phased approval
38	Is an Alternative Automatic Fire-Extinguishing System (OBC 904) installed or altered in the existing structure or proposed in a new structure? If yes, please complete the Fire Alarm Systems information sheet when the drawings are submitted. <input type="checkbox"/> Information is attached <input type="checkbox"/> Information will be submitted for a phased approval
39	Is a Fire Alarm System (OBC 907) installed or altered in an existing structure or proposed in a new structure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Fire Alarm Systems information sheet when the drawings are submitted. <input type="checkbox"/> Information is attached <input type="checkbox"/> Information will be submitted for a phased approval
40	Is CO Detection (OBC 915) installed or /altered in an existing structure or proposed in a new structure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information is in construction documents as submitted <input type="checkbox"/> Information will be submitted for a phased approval
41	Are Exterior Signs OR Canopies (OBC 3107) proposed to be constructed or altered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Exterior Signage and Canopy information sheet when the drawings are submitted. <input type="checkbox"/> Information is in construction documents as submitted <input type="checkbox"/> Information will be submitted for a phased approval
42	Are Kitchen Exhaust Hoods (OMC 507) installed in the existing structure or proposed in a new structure? <input type="checkbox"/> Yes, existing to remain <input type="checkbox"/> Yes, new or alterations required <input type="checkbox"/> No If yes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Fire Suppressed <input type="checkbox"/> Information is in construction documents as submitted <input type="checkbox"/> Information will be submitted for a phased approval

43	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and have read the following conditions and will comply accordingly. → I understand that plan approval will expire for conditions set forth in the Ohio Building Code. Extensions may be granted upon receiving a written request. It is the responsibility of the owner to request an extension at least 10 days prior to the date of expiration in accordance with Ohio Building Code. → I understand that <b>I will not be notified</b> by the Building Department of any expiration of such approval. → I understand that the Owner and/or Owner's Agent shall request inspections required by the approval of this application and the Ohio Building Code. I understand that failure to request such inspections may require the removal of work and/or invalidate the approval. → I understand that I may not occupy the building or structure until all inspections are completed. → I understand that all approved construction documents (On-Site Inspection record, Certificate(s) of Plan Approval, Approved Plans) shall be kept at the work site, along with manufacturers' installation instructions and product information, and shall be available for use by the inspector. → I understand that work must be performed by Contractors Registered with the City of Mansfield in accordance with City Codified Ord. Chapter 1333. Furthermore, all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code. The owner and the design professional identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code. The approval of the submitted application, plans, construction documents or any notations thereon, and approval of this application shall not excuse the owner from complying with all rules and laws of the State and City, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 2.
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	<b>FOR OFFICE USE ONLY</b>
	Intake Person Initials / Date:
	Fees Paid Initials / Date:
Applicant Signature (match box 2 above)	Date
	Application Approved / Date:

## AUTOMATIC SPRINKLER AND ALTERNATIVE AUTOMATIC FIRE-EXTINGUISHING SYSTEM INFORMATION

- Complete Plan Preparation Information if different than Box 4 on main application
- Provide Automatic Sprinkler Contactor Name and Registration in Box 32
- Provide Alternative Suppression System Contractor Name and Registration in Box 33
- If sprinkler demand or design information is a requirement for insurance purposes, please provide a statement as to the design basis. Provide copies of any correspondence from the insurance underwriter describing the required level(s) of protection.
- The information in Box ## below shall match the information in the hydraulic calculations and the sprinkler riser hydraulic data nameplate. The sprinkler riser hydraulic data nameplate for each riser shall be detailed on the sprinkler plans. Where multiple calculations are ran for each riser, only the most demanding hydraulic data shall be provided on the application and in the plans and hydraulic calculations.
- For systems with multiple risers, please attach a summary sheet of information in Box ## for each riser.
- For systems with work affecting an underground riser, please make sure that construction details are provided for underground piping and contractor information is submitted for the contractor installing the underground piping.

<b>AUTOMATIC SPRINKLER INFORMATION</b>							
<b>44</b>	Plans prepared by: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer <input type="checkbox"/> Other        (check one)						
Name:				Ohio Registration Number:			
Address:			City:		State:		Zip:
Phone:			E-Mail:				
<b>45</b>	Have sprinkler plans been reviewed for coordination by the design professional for the building construction? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>46</b>	Automatic Sprinkler installer name:				State Fire Marshall Cert No.:		
<b>47</b>	Automatic Sprinkler / Standpipe Systems (OBC 903/905) are: <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided as a: <input type="checkbox"/> Required System <input type="checkbox"/> Non-Required System						
<b>48</b>	Sprinkler System is: <input type="checkbox"/> wet system <input type="checkbox"/> dry system		##	Underground piping new or altered as part of this work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>49</b>	NFPA Ref	System Location	No. of Sprinklers	Design Density	Designed Area of Discharge	GPM Discharge	Residual Pressure
				gpm/sf	sf	gpm	psi
<b>50</b>	Sprinkler Storage Commodity Classification and Description:						
<b>51</b>	For storage purposes, please provide the NFPA 13 code section/table used to determine the hydraulic demand:						
Storage Height:		Aisle Width:			In-Rack sprinklers?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>52</b>	Are there any areas in the structure that are not provided with automatic sprinkler protection? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please describe and provide corresponding NFPA Code Section that allows for elimination of protection:							
<b>53</b>	Is the sprinkler system supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No    Provide a description of the supervision:						

<b>ALTERNATIVE AUTOMATIC FIRE-EXTINGUISHING SYSTEM INFORMATION</b>							
<b>54</b>	Alternative Suppression installer name:				State Fire Marshall Cert No.:		
<b>55</b>	Alternative Fire Suppression Systems (OBC 904) are: <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided as a: <input type="checkbox"/> Required System <input type="checkbox"/> Non-Required System						
NFPA Standard:		System Description and Location:					
Supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Systems installed:					

## FIRE ALARM SYSTEM INFORMATION

- Complete Plan Preparation Information if different than Box 4 on main application
- Provide Fire Alarm Contactor Name and Registration in Box 34

<b>56</b>	Plans prepared by: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer <input type="checkbox"/> Other (check one)			
Name:		Ohio Registration Number:		
Address:		City:	State:	Zip:
Phone:		E-Mail:		
<b>57</b>	Have fire alarm plans been reviewed for coordination by the design professional for the building construction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>58</b>	Fire alarm installer name:		State Fire Marshall Cert No.:	
<b>59</b>	Fire Alarm and Detection Systems (OBC 907) are: <input type="checkbox"/> Not Provided <input type="checkbox"/> Provided as a: <input type="checkbox"/> Required System <input type="checkbox"/> Non-Required System			
<b>60</b>	NFPA Ref:	<b>61</b>	System Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Supervisory Service Only <input type="checkbox"/> Single/Multiple Station Smoke Alarms	
<b>62</b>	Off-premises monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe the supervising station:			
<b>63</b>	Devices Supervised: <input type="checkbox"/> Automatic Sprinkler <input type="checkbox"/> Alt. Fire Suppression <input type="checkbox"/> Smoke/Heat Removal System <input type="checkbox"/> Elevator Recall			
<input type="checkbox"/> Return Air Smoke Detection <input type="checkbox"/> Emergency Voice Alarm Communications <input type="checkbox"/> CO Alarm Detection				

## EXTERIOR SIGNAGE AND CANOPY INFORMATION

- Complete Plan Preparation Information if different than Box 4 on main application
- Provide Sign Contactor Name and Registration in Box 35
- When calculating the square footage of signs, please include both sides of double faced signs.
- Sign Face Changes/Replacements only require zoning approval; building plan approval is not required for sign face changes or replacements.
- Building/Structural plan approval is only required for ground signs that are greater than 6' above grade. Ground signs greater than 6' above grade must have construction documents prepared by an Ohio Registered Design Professional. Ground signs 6' or less above grade only require zoning approval.
- For sign submittal packages that include multiple building, wall, ground, pole/pylon, or other structures (i.e. menu boards, canopies, clearance signs, directional signs, banners, temporary signs), please submit an index of all signs covered under the submittal and include applicable page numbers next to each index entry. Provide an overall site exhibit indicating the location of each sign assembly and detailed dimensions so the exact location of each sign can be reviewed. An index is required to be provided in accordance with OBC 106.1.1-1 to clarify the details for each type of sign being submitted for approval.
- Please make sure that sign drawings have complete connection details for internal connections, connections to building walls, and foundation connections.
- Signs with electric need to have complete electrical details submitted with the sign drawings for review. For signs with existing electrical connections, please make sure to include the circuit breaker size, number of sign circuits, the type of disconnect, and the location of the disconnect. For new electrical connections, please make sure to include complete electrical details and the name/registration information for the electrical contractor who will be installing the new electrical work.
- Please see the Commercial Sign and Canopy Plan Requirements Guide for specific sign and canopy plan requirements.

<b>64</b>	Plans prepared by: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other (check one)		
Name:		Ohio Registration Number:	
Address:		City:	
Phone:		E-Mail:	
<b>65</b>	Scope of Signage: <input type="checkbox"/> Wall Signs <input type="checkbox"/> Ground Signs <input type="checkbox"/> Pylon/Pole Signs <input type="checkbox"/> Exterior Building Canopy Other Sign Types: <input type="checkbox"/> Projecting Signs <input type="checkbox"/> Roof signs <input type="checkbox"/> Marquee signs <input type="checkbox"/> Billboard Structures		
<b>66</b>	Number of Wall Signs:	Total Square Footage of Wall Signs:	
		Wall sign Electrical: <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Sign is not illuminated	
<b>67</b>	Number of Ground Signs:	Total Square Footage of Ground Signs:	Ground Sign Height:
	2 sided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ground sign Electrical: <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Sign is not illuminated	
<b>68</b>	Number of Pylon/Pole Signs:	Total Square Footage of Pylon/Pole Signs:	Pylon/Pole Sign Height:
	2 sided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pylon/Pole sign Electrical: <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Sign is not illuminated	
<b>69</b>	Number of Building Canopies:	Total Square Footage of Building Canopies:	
		Canopy Electrical: <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Canopy is not illuminated	
<b>70</b>	Other sign Type:	Total Square Footage of Signs:	Sign Height:
	2 sided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other sign Electrical: <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Sign is not illuminated	

## DIRECTIONS FOR COMPLETING AN APPLICATION FOR COMMERCIAL BUILDING PLAN APPROVAL

In accordance with Ohio Building Code (OBC) Section 106.1, pursuant to Ohio Revised Code (ORC) Section 3791.04, construction documents, statement of special inspections required and other data shall be submitted in two or more sets with each application for an approval. Before beginning the construction of any building for which construction documents are required under OBC Section 105, the owner or the owner's representative shall submit construction documents to the building official for approval. This application and instructions are provided in accordance with OBC Section 107.2.

**Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 43, must be completed in full or the application will be returned. Send this completed form along with all required documents to "City of Mansfield Building Department, 30 N. Diamond Street, Mansfield, Ohio 44902" or to [Permitting@ci.mansfield.oh.us](mailto:Permitting@ci.mansfield.oh.us). For shop drawings that are submitted as a deferred submittal to an existing plan approval, only the information sheet (Sprinkler, Alarm, Signage) needs to be submitted with the deferred submittal items. A separate application number may be assigned to the deferred submittal depending on the scope and amount of work.**

**Fees. Fees and assessments are prescribed and collected in accordance with Ohio Revised Code Section 3781.102 and City of Mansfield Codified Ordinances. A copy of the most current fee schedule is posted on the City website at <http://ci.mansfield.oh.us/index.php/building-codes-and-permits>. Fees are required to be submitted along with application and construction documents. Construction documents will not be reviewed until such time as fees are paid in full for the scope of work described on and submitted with this application.**

1. Provide the exact name of the project (i.e. Clearview Pizza Lounge), a description of the proposed work (i.e. New Building, addition, interior alterations, etc.), and the Parcel ID in which the subject address/property is located. Some projects will be located on multiple Parcels. Please provide the main parcel in which the structure will be located on. For inspection purposes provide specific address and location including tenant space, building floor number, suite numbers, crossroads, landmarks or any other directional guidelines.
2. Provide applicant name, address, email, and telephone. All correspondence will be sent to the applicant.
3. Provide the property owner name, address, telephone, email and a contact person. Please ensure that contact information is provided for Property Owner.
4. According to the OBC Section 106.2, the design professional(s) must be identified by completing all information including their Ohio registration number. If there are multiple design professionals, provide the name of the design professional in responsible charge and list all subsequent design professionals on a separate sheet to be submitted with the application.
5. Check all boxes that apply to the proposed project. If you wish to apply for phased approval for the project, check the proper box for the phased approval.
6. Refer to Ohio Building Code (OBC) Chapter 2 for definitions. Indicate the type of project.
7. Provide the construction type of the proposed construction. Refer to OBC Chapter 6 for Types of Construction. This data should be noted on the first sheet of the plans in accordance with OBC 106.1.1.
8. Provide the building height. Please refer to OBC 502 for the definition of building height.
9. Provide the number of stories of the structure.
10. Indicate whether a basement is proposed.
11. Provide the gross building area of the building or structure. For alterations or additions to existing buildings, please include the altered or added area in the gross area calculation. For new construction, this area will be used to calculate the application and permit fees.
12. Provide the proposed building area per floor of the structure. For structures with multiple stories and different floor areas, details of each story, mezzanine, and floor area shall be provided on the plans.
13. Provide the total altered or added area for existing buildings. This area will be used to calculate application and permit fees for additions, alterations, and change of occupancies.
14. Indicate whether the building is constructed as an unlimited area building per OBC 507.
15. List any previous or related Certificate of Plan Approval (CPA) number(s) associated with this submission.
16. Provide the total cost of construction work covered in the project scope from Box 5.
17. Enter the number of sheets in one set of drawings and whether a specifications or project manual is included as part of the construction documents.
18. Please indicate whether the project is located within a flood hazard area. Indicate the flood zone if so. Consult the local floodplain administrator as to the location of the project with respect to the flood hazard area.
19. Provide the Use Group(s) and Occupancy Description(s) for existing buildings. Please refer to OBC Chapter 3 for Use and Occupancy descriptions. Example A-3 Church with Daycare
20. Provide the Provide the Use Group(s) and Occupancy Description(s) for the proposed construction. Please refer to OBC Chapter 3 for Use and Occupancy descriptions. Example A-2/B/M Restaurant, Business Office, Mercantile Store mixed occupancy structure. For occupancies that involve storage, please the construction documents shall describe the materials to be stored, the storage configuration (bulk, on racks, stacked wood

pallets, in tanks, etc.), a description of any packaging (in cardboard boxes, plastic wrapped, on wood/plastic pallets, in wood/metal crates, etc.), and the maximum height of the storage (top of the material, not the shelf or rack) above the finished floor.

21. Please indicate whether special inspections are required for this project. If Special Inspections are required in accordance with OBC Chapter 17, a Statement of Special Inspections must be submitted with the application. The Statement of Special Inspections must contain the name(s) and contact information of the Special Inspectors in accordance with OBC 1704.1. Incomplete statements may delay the approval of the construction documents. Our department is capable of performing certain Special Inspections. Please contact us for more information. A Statement of Special Inspections is available by calling our office or downloading from our website located at <https://ci.mansfield.oh.us/public-works-departments/building-codes-and-permits/>
22. Please indicate whether a Foundation and Soils investigation (geotechnical investigation) is required for this project. If a soils investigation is required or has been performed and is referenced in the construction documents, please provide a copy of the investigation report that is sealed by an Ohio Registered Design Professional. Approval for foundations cannot be granted without a required soils investigation. For specific requirements, please reference OBC Section 1802.2.
23. For structures with multiple occupancies, please indicate how the occupancies are separated in accordance with OBC Chapter 5.
24. Provide the maximum design occupant load of the structure. Detailed occupant load calculations should be included on the front sheet of the construction documents per OBC 106.1.1. If using an alternative method to calculate the occupant load in accordance with OBC 1004.1.1, please include a detailed statement as to the alternate method of calculation.
25. For residential occupancies as defined by OBC 310, please indicate the number of dwelling and/or sleeping units.
26. Indicate where plumbing fixtures are provided. If fixtures are provided in another structure, please ensure the location is clearly noted on the site plan and that the number of fixtures is calculated for the total occupant load.
27. Please indicate where accessible details are located for the proposed construction. For certain project, handicapped accessibility may be limited or not required. Please provide a detailed statement for projects where accessibility is limited or not required.

Boxes 28-36. Provide the Name and City of Mansfield registration number of the Contractor's working on the project. If contractor information is unknown, indicate "TBD". If the contractor trade/scope does not apply to this project, indicate "N/A"

37. Please complete this box regarding automatic sprinkler and standpipe systems (OBC Sections 903-905. If an automatic sprinkler and/or standpipe system is existing or proposed in the structure, please complete the Automatic Sprinkler Systems Information (Boxes 44-53) when the shop drawings are submitted for the system.
38. Please complete this box regarding alternative automatic fire-extinguishing systems (hood suppression, halon systems, CO systems, etc.). If an alternative automatic fire-extinguishing system is existing or proposed in the structure, please complete the Alternative Automatic Fire-Extinguishing Information (Boxes 54-55) when the shop drawings are submitted for the system.
39. Please complete this box regarding fire alarm systems. If a fire alarm system is existing or proposed in the structure, please complete the Fire Alarm Systems Information (Boxes 56-62) when the shop drawings are submitted for the system.
40. Please complete this box regarding Carbon Monoxide Detection Systems.
41. Please complete this box regarding exterior signs and canopies. If signs/canopies are new or altered, please complete the Exterior Sign and Canopy Information (Boxes 63-69) when the shop drawings are submitted for the signs/canopies.
42. Please complete regarding whether kitchen exhaust hoods are provided in the structure. Indicate the type of hood and whether fire suppression is provided. For hoods that serve appliances that produce grease vapors or smoke and will not be fire suppressed, provide a detailed statement of cooking operations that describes how and/or why grease laden vapors or smoke will not be generated in quantities that constitute a hazard per OBC 507.2.1. Exception 2.
43. Read all of the information in box 43 and check the appropriate box identifying the applicant as the owner or the agent for the owner. The individual who checks the box, signs, and dates the application shall be the same individual who is listed as the applicant in Box 2. All correspondence will be sent to the applicant.

Once the plans have been examined and approved, a Certificate of Plan Approval (CPA) will be issued per OBC 105.5 to the owner along with a minimum of one set of construction documents and a Site Inspection Sign-Off Log. The construction documents, CPA, and Log must remain at the job site at all times during construction in accordance with OBC 107.5.2 and 107.7. Required inspection and reporting information will be contained in the CPA. Inspections can be obtained from our office by calling (419)755-9688. Once all inspections have been completed and required reports have been submitted to the Building Official, a final Certificate of Occupancy will be issued in accordance with OBC 111. Please note that additional permits may be required by the local Health Department (plumbing, well, septic, food service, tattoo/body art, medical gas, backflow), Ohio Department of Commerce Boiler Section, Ohio Department of Commerce Elevator Inspection Section, Ohio State Fire Marshall, Ohio EPA, Ohio Department of Jobs and Family Services (Day care licensing), and Ohio Board of Cosmetology (Beauty and Tanning Salons).