Village of Obetz Building Department APPLICATION FOR CERTICIATE OF FIRE ALARM PLAN APPROVAL



APPLICATION FEE – Commercial - \$334.75 (\$325 + \$9.75 3% State Fee)

SITE ADDRESS:	
APPLICATION DATE: / / 20	COST OF WORK COVERED BY THIS APPLICATION: \$
ESTIMATED STARTING DATE:	ESTIMATED FINISH DATE:
OWNER'S NAME:	
ADDRESS:	
TELEPHONE: FAX	: MOBILE:
E-MAIL ADDRESS:	
CONTRACTOR(S):	
ADDRESS:	
TELEPHONE: FAX	MOBILE:
E-MAIL ADDRESS:	
APPLICANT:	
ADDRESS:	
TELEPHONE: FAX	MOBILE:
E-MAIL ADDRESS:	
Plans Prepared by: Ohio Registration Number:	
☐ Ohio Registered Architect ☐ Ohio Professional Engineer ☐ Ohio Sprinkler System Designer ☐ Other	
Description of Work:	
☐ Change of Occupancy ☐ New Building ☐ Alteration ☐ Addition	
# of Stories # of Units in each Building # of rooms in each building	
Type of Construction IA IB IIA IIB IIIA IIIB IV VA VB Occupancy Load:	Current OBC Use Group: Proposed Use Group: A1

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents) ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE. I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE VILLAGE OF OBETZ BUILDING/ZONING DEPARTMENT. I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS. SIGNATURE OF APPLICANT: DATE: PRINTED NAME: ☐INCOMPLETE ☐ COMPLETE ☐ HOLD / DATE: **REASON:** PARTIALLY APPROVED APPROVED DISAPPROVED BUILDING OFFICIAL:

PLANS EXAMINER:

Date Received:

Date Forwarded:

Date Returned:

Date Issued:

Permit #:

FOR DEPARTMENT USE ONLY