

VILLAGE OF LAGRANGE

APPLICATION FOR NON-RESIDENTIAL (COMMERCIAL) PLAN APPROVAL/PERMIT

355 SOUTH CENTER STREET, LAGRANGE, OH 44050

THOMAS HORSEMAN, BUILDING OFFICIAL

FROM THE OFFICE OF THE BUILDING OFFICIAL

SUBMIT THREE SETS OF PLANS, DRAWINGS OR DOCUMENTATION; 2 FOR BUILDING DEPT., 1 FOR FIRE DEPT.

SCOPE OF WORK: (OBC 107.2.1)

Building General Sprinkler System
 Mechanical Fire Alarm
 Electrical Other: _____

TYPE OF PROJECT:

Repairs Change of Occupancy
 New Building Replacement
 Addition Alteration

ESTIMATED COST OF CONSTRUCTION:

\$ _____

PROJECT LOCATION:

Street Address: _____

Building Name: _____

DESCRIPTION OF WORK:

BUILDING OWNER INFORMATION:

Owner's Name: _____ Attention: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____ E-Mail: _____

APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2)

Name: _____ Attention: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____ E-Mail: _____

REGISTERED DESIGN PROFESSIONAL INFORMATION:

Architech Engineer Certified Fire Protection System Designer (OBC 107.4.4)
Registration/Certification # _____

Name: _____ Attention: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____ E-Mail: _____

CERTIFICATION: (OBC107.2.5)

I certify that I am the owner owner's Authorized Agent
Signature: _____
Print Name: _____
Date: _____

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.

(over)

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BUILDING CODE INFORMATION: Information applies to the construction area in a mixed use groups building, or the entire building if a single use group building. Current Use Group (s) _____ Occupancy Description _____ _____	GENERAL BUILDING INFORMATION: (The following information applies to the entire building, not just construction area) (OBC 107.2.3) Use Group(s): _____ Mixed Use Group? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> Non-Separated Construction Type _____ Building Heights _____ Number of Stories _____ Occupancy Load _____
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<i>List Use Group Below for Mixed Use Building</i> • _____ • _____ • _____ • _____	<i>List Occupancy Type for Associated Use Group</i> • _____ • _____ • _____ • _____
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FIRE PROTECTION SYSTEMS: (Enter the type of System such as NFPA 13, NFPA 72, etc) Building Sprinkler: _____ Type One Hood Suppression: _____ Building Fire Alarm: _____ Smoke Detection System: _____	Limited Area System: _____ In Rack System: _____ Fire Detection System: _____ Other: _____
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SQUARE FOOTAGE: First Floor: _____ Mezzanine: _____ Second Floor: _____ Other Floors: _____ Basement: _____ TOTAL SQUARE FOOTAGE: _____
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FEE SCHEDULE:																																																																				
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ALL FEES ARE SUBJECT TO A 3% STATE ASSESSMENT FEE.