



# CITY OF BROOKLYN

7619 Memphis Avenue, Brooklyn, OH 44144  
Phone 216-351-2133 Fax 216-351-5800

## Certificate of Plan Approval

Fee: \$50.00

DATE: \_\_\_\_\_

**ADDRESS OF PROJECT/BUILDING LOCATION:** (OBC 107.2.2)

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IS THIS PROJECT/BUILDING LOCATED IN FLOOD PLAIN? YES OR NO

IF YES, HAS A FLOOD PLAIN ADMINISTRATOR BEEN CONTACTED FOR REQUIREMENT? YES OR NO

**DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:** (OBC 107.2.1)

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**SCOPE OF PROJECT:** (OBC 107.2.1)

BUILDING GENERAL  
 FIRE ALARM

SPRINKLER SYSTEM  
 ELECTRICAL

MECHANICAL  
 PLUMBING

**TYPE OF PROJECT:**

REPAIRS  
 BUILDING ADDITION

NEW BUILDING CONSTRUCTION  
 CHANGE OF OCCUPANCY

ALTERATIONS

**PHASED PLAN REVIEW:**

FOUNDATION

**NAME OF APPLICANT:** (OBC 107.2) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

**NAME OF REGISTERED DESIGNER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE: ARCHITECT / ENGINEER / CERTIFIED FPS (OBC 104.4.4)

REGISTRATION/CERTIFICATE#: \_\_\_\_\_

**NAME OF PROPERTY OWNER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

**APPLICATION RELATED INFORMATION:**

- IS THIS PROJECT BEING SUBMITTED AS A RESULT OF A PREVIOUS PRELIMINARY PLAN REVIEW? YES OR NO  
IF YES, PLEASE PROVIDE THE PRELIMINARY PLAN REVIEW NUMBER: \_\_\_\_\_
- IS THIS APPLICATION BEING SUBMITTED AS A RESULT OF A NOTICE OF VIOLATION OR ADJUDICATION ORDER THAT YOU RECEIVED? YES OR NO  
IF YES, PLEASE PROVIDE THE VIOLATION OR ADJUDICATION NUMBER: \_\_\_\_\_

**BUILDING CODE INFORMATION:**

CURRENT USE GROUP \_\_\_\_\_ OCCUPANCY DESCRIPTION \_\_\_\_\_

**GENERAL BUILDING INFORMATION:** (THE FOLLOWING INFORMATION APPLIES TO THE ENTIRE BUILDING, NOT JUST CONSTRUCTION AREA.)(OBC 107.2.3)

**BUILDING INFORMATION**

USE GROUP(S) \_\_\_\_\_ MIXED USE GROUPS? YES OR NO  
IF YES, \_\_\_ SEPARATED \_\_\_ NON-SEPARATED

LIST USE GROUP BELOW  
FOR MIXED USE BUILDING

LIST OCCUPANCY ASSOCIATED  
WITH USE GROUP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUILDING SQUARE FEET \_\_\_\_\_ OCCUPANCY LOAD \_\_\_\_\_ CONSTRUCTION TYPE \_\_\_\_\_  
# OF BUILDINGS \_\_\_\_\_ # OF STORIES \_\_\_\_\_ # OF UNITS \_\_\_\_\_

**FIRE PROTECTION SYSTEMS:** (ENTER THE TYPE OF SYSTEM SUCH AS NFPA 13, NFPA 72, ETC. IF KNOWN, IF NOT ENTER N/A IF NOT APPLICABLE)

BUILDING SPRINKLER SYSTEM? _____	SPRINKLER DEMAND @ BASE OF RISER (PSI)? _____
LIMITED ARE SPRINKLER SYSTEM? _____	TYPE 1 HOOD SUPPRESSION? _____
IN-RACK SPRINKLER SYSTEM? _____	BUILDING FIRE ALARM SYSTEM? _____
FIRE DETECTIONS SYSTEM? _____	SMOKE DETECTION SYSTEM? _____

**CERTIFICATION:** (OBC 107.2.5)

I CERTIFY THAT I AM THE \_\_\_\_\_ OWNER OR \_\_\_\_\_ 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 ABOVE.

APPLICANT PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

BUILDING DEPARTMENT COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_