



The City of Brooklyn · Ohio

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1 SCOPE OF PROJECT: (OBC 107.2.1) <input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	2 TYPE OF PROJECT: <input type="checkbox"/> Repairs <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O	3 PHASED PLAN REVIEW: <input type="checkbox"/> Foundation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 APPLICATION RELATED INFORMATION: <ul style="list-style-type: none"> ▪ Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> N <input type="checkbox"/> o <input type="checkbox"/> 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? <input type="checkbox"/> N <input type="checkbox"/> o <input type="checkbox"/> Yes, please provide the adjudication order number: _____ 		
5 PROJECT/BUILDING LOCATION: (OBC 107.2.2) Building Name _____ Street Address _____ City/Township _____ Zip Code _____ County _____ Directions _____ <ul style="list-style-type: none"> ▪ Is this project/building located in a flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Has flood plain administrator been contacted for requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1) _____ _____ _____		
7 BUILDING OWNER INFORMATION: Name of owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
9 REGISTERED DESIGN PROFESSIONAL INFORMATION: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire protection system designer (OBC 107.4.4) Designer _____ Registration /Certificate No.: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		

10	BUILDING CODE INFORMATION: (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)	
Current use group(s) _____ Current use group(s) _____ Current use group(s) _____		
Occupancy Description: _____		
11	GENERAL BUILDING INFORMATION: (The following information applies to the <i>entire building</i> , not just construction area.) (OBC 107.2.3.)	
▪ Building Information:		
Use group(s)? _____ Mixed use groups? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> Non-separated		
Construction type? _____ Building height (FT)? _____ No. of stories? _____		
Occupant load? _____ Storage height (FT)? _____ Storage aisle width (FT)? _____		
▪ List USE GROUP below for mixed use building.		▪ List Occupancy Type for associated use group below.
▪		▪
▪		▪
▪		▪
▪		▪
▪		▪
▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)		
Building sprinkler system? _____ Sprinkler demand @ base of riser (PSI)? _____		
Type 1 hood suppression? _____ In-Rack sprinkler system? _____		
Limited area sprinkler system? _____ Fire detection system? _____ Smoke detection system? _____		
Building fire alarm system? _____		
12	CERTIFICATION: (OBC 107.2.5)	14
I certify that I am the _____ Owner _____ Owner Authorized Agent		THE AREA BELOW IS FOR OFFICIAL USE ONLY:
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.		Date received _____ Appl. No.: _____
Signature _____		Check No.: _____ Verification # _____
Print Name: _____ Date _____		Processed by: _____ Walk in _____ Mail in _____

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Notes:

This area is designated for the incorporation of fee schedules as established by the locally adopted fee schedule as indicated per Ohio Building Code Section 115.1.
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