



Certificate of Plan Approval

Fee: \$50.00

DATE: _____

ADDRESS OF PROJECT/BUILDING LOCATION: (OBC 107.2.2)

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)

SCOPE OF PROJECT: (OBC 107.2.1)

BUILDING GENERAL SPRINKLER SYSTEM MECHANICAL
 FIRE ALARM ELECTRICAL PLUMBING

TYPE OF PROJECT:

REPAIRS NEW BUILDING CONSTRUCTION ALTERATIONS
 BUILDING ADDITION CHANGE OF OCCUPANCY

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 _____

MOVING FORWARD. TOGETHER.

CITY OF BROOKLYN

8000 Memphis Avenue, Brooklyn, OH 44144

216-351-2133

brooklynohio.gov



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 _____

ENERGY CODE _____ CODE YEAR _____ ENERGY CALCULATION METHOD _____

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

Table with 3 columns: LIST USE GROUP BELOW FOR MIXED USE BUILDING, LIST OCCUPANCY ASSOCIATED WITH USE GROUP, SQ. FT.

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: _____