LAKE COUNTY BUILDING DEPARTMENT
27 Woodland Road, Painesville, Ohio 44077
Tel: 440-350-2636  440-918-2636  Fax: 440-350-2660
www.lakecountyohio.gov/buildinginspection

APPLICATION FOR COMMERCIAL BUILDING PERMIT PLAN REVIEW
DATE OF SUBMISSION: __________

READ THE FOLLOWING INSTRUCTIONS AND INFORMATION BEFORE COMPLETING THIS TWO (2) PAGE FORM

1. All drawings and specifications, including plot plans must be in QUADRUPLE (4).
2. All submittals must include FOUR complete sets of drawings, including plot plan, elevations, floor plans, elevator enclosures, complete wall sections showing footer, foundation, floor, walls, and roof construction indicating all structural members, size, spacing, material, etc. Mechanical and Electrical drawings and specifications must be included. The name and address of author shall be plainly printed in the lower right hand corner of all plans or drawings.
3. All plans submitted shall bear sufficient information to determine compliance with the Ohio Building Code. Drawings shall also indicate clearly the principle use or occupancy of the building or structure. Where more than one type of use or occupancy is intended, the location and floor area for such uses or occupancies shall be clearly shown on plans.
4. The proposed work must be done in accordance with approved plans, specifications, codes, and standards. Separate permits, which may be required for the proposed project, include electrical, HVAC, gas piping, hydronics, and refrigeration (these fees are paid by the general contractor at the time the initial building permit is issued). HOWEVER, YOU WILL STILL BE RESPONSIBLE FOR HAVING YOUR SUBCONTRACTORS COMPLETE & SUBMIT THE APPROPRIATE PERMIT APPLICATIONS. Additionally, separate drawings, approvals and fees that may be needed include: hood, hood suppression, fire alarm, and fire sprinkler. All Plumbing Permits and Inspections must be obtained from the Lake County General Health District, 33 Mill Street, Painesville, Ohio Tel: 440-350-2543.
5. It is the duty of the General Contractor to insure that all required inspections are scheduled and all work installed has been approved by the Lake County Building Department prior to proceeding to the next phase of construction. The General Contractor is responsible to obtain a Final inspection at the completion of the project.
6. This permit becomes null and void if work or construction authorized is not commenced within 12 months, or if construction or work is suspended or abandoned for a period of 180 consecutive days at any time after work is commenced.
7. I hereby certify that I have read and examined this application and that all information is true, accurate, and complete. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I authorize the Lake County Building Department to enter this property for the purpose of site inspections for the duration of this project.
8. FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF $1,000 OR BOTH.

OWNER:
NAME: ____________________________
NAME OF FIRM: ____________________________
ADDRESS: ____________________________
CITY: __________ STATE: ___ ZIP: __________
TEL# ( ) FAX# ( )

SUBMITTER:
PRINTED NAME: ____________________________
SIGNATURE: ____________________________
NAME OF FIRM: ____________________________
ADDRESS: ____________________________
CITY: __________ STATE: ___ ZIP: __________
TEL# ( ) FAX# ( )

DESIGN PROFESSIONAL:
NAME: ____________________________
NAME OF FIRM: ____________________________
ADDRESS: ____________________________
CITY: __________ STATE: ___ ZIP: __________
TEL# ( ) FAX# ( )

Plans Prepared By: Name / Ohio Reg. No.
☐ Registered Architect ____________________________
☐ Registered Engineer ____________________________

GENERAL CONTRACTOR:
PRINTED NAME: ____________________________
SIGNATURE: ____________________________
NAME OF FIRM: ____________________________
ADDRESS: ____________________________
CITY: __________ STATE: ___ ZIP: __________
TEL# ( ) FAX# ( )
LAKE COUNTY BUILDING DEPARTMENT
APPLICATION FOR COMMERCIAL BUILDING PERMIT PLAN REVIEW
READ INSTRUCTIONS BEFORE COMPLETING FORM - Page 2 of 2 – PLEASE PRINT OR TYPE

PROJECT NAME: ______________________________ DATE SUBMITTED: ______________

STREET ADDRESS OF CONSTRUCTION: ___________________________________________

CITY/TOWNSHIP: ___________________________ PERM PARCEL #: ____________________

IS CONSTRUCTION IN THE FLOODPLAIN: YES ☐ NO ☐

PROJECT TYPE: (Check all that apply) NEW ☐ ADDITION ☐ ALTERATION ☐

CHANGE OF USE ☐ DEMOLITION ☐ OTHER ☐ ________________________________

DETAILED WORK DESCRIPTION: ________________________________________________

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EST CONSTRUCTION COST: ___________________ PLUMBING: YES ☐ NO ☐

IDENTIFY SQUARE FOOTAGE FOR THIS PROJECT:

Basement: _______ 1st Flr: _______ 2nd Flr: _______ 3rd Flr: _______ 4th Flr: _______ Other: _______

TOTAL SQ. FTG OF ALL FLOORS: ________________________________

ZONING PERMIT #: ___________ FIRE DEPT. COMMENTS DATE RECEIVED: ______________

WELL OR PUBLIC WATER: __________________________ APPROVED WELL LOG #: __________

UTILITIES APPROVAL DATE: ___________ SEPTIC APPROVAL DATE: ___________

STORMWATER APPROVAL DATE: ___________ SOIL & WATER APPROVAL DATE: __________

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PROPOSED STRUCTURE:

Use Group (Check all that apply)
A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5 ☐ B ☐ E ☐ F1 ☐ F2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5 ☐
I1 ☐ I2 ☐ I3 ☐ I4 ☐ M ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐ S1 ☐ S2 ☐ U ☐

Mixed Use Option(s) / Separate Structure(s)
Non-Separated ☐ Separated ☐ - Hour Rating _______ Fire Wall ☐ - Hour Rating _______

Type of Construction:
1A ☐ 1B ☐ 2A ☐ 2B ☐ 3A ☐ 3B ☐ 4 ☐ 5A ☐ 5B ☐

Fire Protection & Alarm Systems:
Fire Suppression None ☐ Partial ☐ Total ☐ Required ☐ Non-Required ☐
Fire Alarm None ☐ Partial ☐ Total ☐ Required ☐ Non-Required ☐

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EXISTING STRUCTURE:

Use Group: (Check all that apply)
A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5 ☐ B ☐ E ☐ F1 ☐ F2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5 ☐
I1 ☐ I2 ☐ I3 ☐ I4 ☐ M ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐ S1 ☐ S2 ☐ U ☐

Mixed Use Option(s) / Separate Structure(s):
Non-Separated ☐ Separated ☐ - Hour Rating _______ Fire Wall ☐ - Hour Rating _______

Type of Construction:
1A ☐ 1B ☐ 2A ☐ 2B ☐ 3A ☐ 3B ☐ 4 ☐ 5A ☐ 5B ☐

Fire Protection & Alarm Systems:
Fire Suppression None ☐ Partial ☐ Total ☐ Required ☐ Non-Required ☐
Fire Alarm None ☐ Partial ☐ Total ☐ Required ☐ Non-Required ☐

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ALL FEES ARE NONREFUNDABLE

OFFICE USE ONLY
LOG # ________ PERMIT FEES: _____________ DATE CALLED ___________ PERSON CONTACTED __________