

Non-Residential Plan Examination Application

City of Warren, Ohio

Engineering, Planning & Building Department
540 Laird Avenue S.E. Warren, Ohio 44484
Phone: (330) 841-2916 – Fax: (330) 841-2614

1. Job Information

Job Address: _____ Unit No. or Letter: _____

City: _____ State: _____ Zip: _____

Mall, Strip Mall, Plaza, Hospital or Building Name (if applicable): _____

Current or Last Known OBC Use Group _____ (existing building or space)

Proposed OBC Use Group(s) _____

Project Size in Square Feet _____

OBC Type of Construction _____

Design Occupant Load _____

Estimated Building Valuation/Improvement cost _____

What method was used to determine estimated cost? _____

2. Building Owner/Firm

Name as appears on mortgage, title, or property deed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3. Occupant Information

Occupant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Business name as it will appear on building signage or in directories: _____

4. Design Professional

Company Name: _____

Designers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

5. Is this project located in the flood plain? YES _____ NO _____

If yes, you are required to submit all necessary documentation and elevations of the lowest floor elevations, including a completed FEMA Elevation Certificate.

6. Design Review Letter of Approval (Where applicable in Downtown District)

Warren Redevelopment and Planning

Executive Director (330) 841-2566

Plans must reflect changes as modified by the Conditions of Approval.

7. Food Service/Establishment, Flea Market, Organizational Vendor's, Special Use Licenses.

Food service/establishment licenses must be obtained from the City of Warren Health Department where any products, sold or given away, are foodstuffs. For more owner information please contact the health department offices (330) 841-2611.

IMPORTANT REMINDER: Incomplete applications will be returned to the applicant when the following are not included to begin the examination process.

- Non-Residential Plan Examination Application (completed in its entirety).
- Three sets (four if food related) of properly sealed drawings, signed and dated.
- Three Specification Manuals (if applicable to the project).
- Construction documents shall designate the number of occupants to be accommodated on every floor, and in all rooms and spaces.
- Design Occupant Load.
- Project name and address including unit number (if applicable) identified on title page of construction documents.
- \$50.00 Processing Fee. Payable to the City of Warren.

ALL FEES ASSOCIATED WITH THE PLAN REVIEW PROCESS ARE PAYABLE TO THE CITY WITHIN SIXTY (60) DAYS FROM THE DATE OF PLAN APPROVAL.

I hereby certify that the proposed work is authorized by the building owner of record, and that I have been authorized by the owner to make this application as his or her authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

I hereby acknowledged that this is an application for the plan examination process to be begin and not an approval to begin work.

Applicant (Print Name) Applicant (Signature) Date

Phone No: _____ Fax No: _____