



# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT CITY OF WARREN, OHIO

(Submit one application per building. Please print or type.)

I hereby apply for the following plan review(s):

- OBC and Mechanical
- Electrical
- Sprinkler
- Special Inspection

ENTER THE NUMBER OF SHEETS IN ONE SET OF YOUR PLANS \_\_\_\_\_

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

1. Owner's Name

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Fax

2. Contractor's Name

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Fax

3. Name of person drawing plans:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Fax

4. Street Address of Project (Specify EXACT Project Location)

\_\_\_\_\_  
Number Plat

\_\_\_\_\_  
Parcel ID Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

5. Name of job and description of building:  
(i.e.: store, church, etc.)

6. Nature of Job

- New
- Addition
- Alteration
- Change of Use
- Demolition
- Re-location
- Foundation

7. Previous Building Permit Number (if applicable)

8. Current or last known OBC Use Group (if applicable)

9. Proposed OBC Use Group

- |                                     |                                      |                                    |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> A-1        | <input type="checkbox"/> F-1         | <input type="checkbox"/> M         |
| <input type="checkbox"/> A-2        | <input type="checkbox"/> F-2         | <input type="checkbox"/> R-1       |
| <input type="checkbox"/> A-3        | <input type="checkbox"/> H-1 2 3 4 5 | <input type="checkbox"/> R-2       |
| <input type="checkbox"/> A-4        | <input type="checkbox"/> I-1         | <input type="checkbox"/> R-3       |
| <input type="checkbox"/> A-5        | <input type="checkbox"/> I-2         | <input type="checkbox"/> R-4       |
| <input type="checkbox"/> B          |                                      |                                    |
| <input type="checkbox"/> E          | <input type="checkbox"/> I-3         | <input type="checkbox"/> S-1 or 2  |
| <input type="checkbox"/> E-day care | <input type="checkbox"/> I-4         | <input type="checkbox"/> U – misc. |



25. SITE OR PLOT PLAN

**Instructions to Applicant:** EACH PLAN SHALL INCLUDE: Street, sidewalk lines, lot lines, building dimensions, front side and rear setbacks, proposed parking spaces, screening and landscaping. Each building site must have a separate plot plan included in construction documents.

26. NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

THE APPROVAL OF PLANS OR DRAWINGS AND SPECIFICATIONS OR DATA IS INVALID IF CONSTRUCTION, ERECTION, ALTERATION, OR OTHER WORK UPON THE BUILDING HAS NOT COMMENCED WITHIN TWELVE MONTHS OF THE APPROVAL OF THE PLANS OR DRAWINGS AND SPECIFICATIONS.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.

27. **IMPORTANT NOTICE:** ALL INCOMPLETE APPLICATIONS SHALL BE RETURNED AND WILL DELAY THE BUILDING PERMIT PROCESS.

**IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO MAKE SEPARATE APPLICATION WITH THE CITY OF WARREN HEALTH DEPARTMENT FOR ANY OTHER REQUIRED PERMITS PERTAINING TO THIS APPLICATION. (PRIOR TO OCCUPANCY) HEALTH DEPARTMENT OFFICES (330) 841-2541**

28. **IS THIS PROJECT LOCATED IN THE FLOOD PLAIN.** \_\_\_\_\_YES \_\_\_\_\_NO  
IF YES YOU ARE REQUIRED TO SUBMIT ALL NECESSARY DOCUMENTATION AND ELEVATIONS OF LOWEST FLOOR. INCLUDING FEMA (FEDERAL EMERGENCY MANAGEMENT AGENCY) ELEVATION CERTIFICATE.

I hereby certify that the proposed work is authorized by the 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.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Application Date

\_\_\_\_\_

(Print Name)

**PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS OR PERMITS:  
THE OWNER, CONTRACTOR, OR APPLICANT SHALL VERIFY AND OBTAIN ALL OTHER  
APPLICABLE PERMITS PRIOR TO COMMENCEMENT OF WORK.**

X - Permit or Approval Required:

	<b>YES</b>	<b>N/A</b>	<b>PERMIT NUMBER</b>
Boiler	_____	_____	_____
Curb Cut Downspout	_____	_____	_____
Demolition	_____	_____	_____
Ditch Pipe Installation	_____	_____	_____
Drive Approach – Asphalt	_____	_____	_____
Drive Approach – Concrete	_____	_____	_____
Elevator	_____	_____	_____
Electrical	_____	_____	_____
Fire Alarm	_____	_____	_____
Fire Marshal or local fire agency	_____	_____	_____
Fire Protection Systems (including alternative fire-extinguishing systems)	_____	_____	_____
Health	_____	_____	_____
Heating, Ventilating, & Air Conditioning	_____	_____	_____
Plumbing	_____	_____	_____
Sanitary Sewer Connection	_____	_____	_____
Sanitary Sewer Pretreatment	_____	_____	_____
Sanitary Sewer Repair	_____	_____	_____
Sanitary Sewer Sealing	_____	_____	_____
Sidewalk	_____	_____	_____
Sidewalk Repair	_____	_____	_____
Sign or Billboard	_____	_____	_____
Storm Sewer Connection	_____	_____	_____
Utility Street Cut	_____	_____	_____
Water Tap	_____	_____	_____
Zoning	_____	_____	_____
Other _____	_____	_____	_____

**BUILDING OFFICIAL USE ONLY**

CHRISTOPHER A. TANEYHILL, BUILDING OFFICIAL

540 Laird Ave., S.E. Warren, Ohio 44484

Phone (330) 841-2617 – Fax (330) 841-2614

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

**THE BUILDING DEPARTMENT IS HAPPY TO INFORM YOU:**

Your building permit application for the project located at \_\_\_\_\_  
Has been accepted and is currently being processed, please allow 30 days for approval.  
When construction documents are submitted which do not conform to the OBC such documents may be approved by the building official provided such nonconformance is not considered to result in a serious hazard and the owner or owner's representative submits revised construction documents showing evidence of compliance with the applicable provisions of the OBC. In the event such construction documents are not received within thirty days, the plan approval shall be revoked.

The status of your approval is \_\_\_\_\_ and your building permit is ready for pick up by the Registered Contractor for the project. The building permit fee total is \$ \_\_\_\_\_ and will need paid by check or money order made payable to the City of Warren prior to permit and plans being issued.

**THE BUILDING DEPARTMENT IS SORRY TO INFORM YOU:**

Your building permit application for the project located at \_\_\_\_\_  
Has been returned to you and will need completed in its entirety and resubmitted prior to processing of the construction documents. Thank you for your prompt attention with this matter.

COMMENTS: \_\_\_\_\_