

**REQUEST FOR PHASED PLAN APPROVAL**

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East Central Ohio Building Authority  
339 Oxford Street  
Dover Ohio 44622

Phone: (330) 364-3164  
Fax: (330) 364-4690  
nlmontan@ecohba.com

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

COUNTY: \_\_\_\_\_

CPA#: \_\_\_\_\_

I (we), the undersigned, hereby acknowledge that four sets of partial construction plans for the above referenced project, with each sheet bearing the seal of an Ohio registered architect or engineer, have been submitted to the East Central Ohio Building Authority for examination.

PHASED APPROVAL REQUESTED

ADDITIONAL REMARKS

Deep Foundation/Caissons

\_\_\_\_\_

Footings/Foundation

\_\_\_\_\_

Perimeter Insulation/Slab

\_\_\_\_\_

Structural Frame

\_\_\_\_\_

Exterior Walls

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (we) fully agree to perform said work at my (our) own risk and, accordingly, agree to make any and all changes, alterations, additions or deletions in the work required by the East Central Ohio Building Authority to be in compliance with the approved plans and the Ohio Building Code.

I (we) fully understand that said permission by the East Central Ohio Building Authority is not to be construed as a complete approval of my (our) construction plans, but as a phased approval as provided in Section 106.3.3 of the Ohio Building Code

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TITLE

\_\_\_\_\_

**The processing fee for plan examination of each subsequent phase of submission shall be two hundred fifty dollars.**  
The (owner) (owner's agent) responsible for coordinating the submission of all drawings/specifications required for total approval on this project shall be:

\_\_\_\_\_  
REQUESTER'S SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TITLE

\_\_\_\_\_