EAST CENTRAL OHIO BUILDING AUTHORITY - APPLICATION FOR PLAN APPROVAL

Submit one application for each building or structure. Please print or type. All sections must be completed. Refer to the instruction sheet for completing this application.

1 SCOPE OF PROJECT

- ☐ Structural
- ☐ Mechanical
- ☐ Electrical
- ☐ Fire Alarm
- ☐ Sprinklers
- ☐ Other Fire Supp.
- ☐ Industrialized Unit

2 County:

3 Is this project located in an incorporated city or village? ☐Yes ☐No

4 Have you contacted your local flood plain administrator? ☐Yes ☐No ☐N/A

5 Enter number of sheets in one set of your drawings

6 Nature of project ☐New ☐Alteration ☐Addition ☐Change of Occupancy

7 Previous or related Certificate of Plan Approval (CPA) Number(s)

8 Name of project Project No.

Exact address of project

City Zip

Directions

9 Owner of project Attention

Address City State Zip

Phone ( ) Send by ☐FAX ( )

10 ☐MAIL Name of submitter

Address City State Zip

Phone ( ) Send by ☐FAX ( )

11 ☐MAIL Plans prepared by ☐Architect ☐Engineer ☐Certified sprinkler/Alarm designer (check one)

Name Ohio Registration Number

Address City State Zip

Phone ( ) Send by ☐FAX ( )

			Struc	Elect	Mech	I.U.
12	Type of construction					
13	Current use group					
14	Proposed use group(s)					
15	Cost of work covered by this application	$				
16	N/R					
17	Total square footage (round to next 100 sq ft)					
18	Total lineal footage					
19	Sprinkler square footage					
20	Number of alarm devices					
21	Total fees due: (include worksheet)	$				
22	Fees paid by ☐Cash ☐Check ☐Credit card					

23 If plans are submitted as the result of an Adjudication Order, enter order number here:

24 I hereby certify that I am the (select one)
☐Owner ☐Agent for the Owner
and 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 shown above.

Signature Date

Print or type name of signer

25 THE AREA BELOW IS FOR OFFICIAL USE ONLY

Date recd:	CPA #
Check #:	Verification #:
Processed by:	☐Mail-In ☐Walk-In