



COMMERCIAL BUILDING APPLICATION

Revised 12-04-12

CITY OF RAVENNA

530 N. Freedom Street

Ravenna, Ohio 44266

Phone #: 330-296-5607 Fax #: 330-296-1280

Application For Certificate Of Plan Approval:

Date Received: _____

City Engineer Approval:

Date Approved: _____

Date to Plan Examiner: _____

Date Return from P.E.: _____

Date Approved: _____

Owner Name: _____

Name Of Firm: _____

Street Address: _____

City: _____ Zip: _____

Telephone #: _____

Plans Prepared by: Ohio Registered Architect _____ Ohio Registered Engineer _____ Other _____

Ohio Registration Number: _____

Name of Job and Describe Building Uses: (Store, Etc.) _____

Nature of Job: Change of Occupancy _____ Addition _____ Alteration _____

Job Name: _____

Street Address: _____

City: _____ Zip Code: _____

Telephone #: _____

Estimated Cost Of Construction: _____

Check Appropriate Floor(S):

Square Feet

A. Basement: _____ Basement: _____

B. First Floor: _____ First Floor: _____

C. 2,3,4,5,6, (Circle No.): _____ Extra Floors: _____

D. Additional Floors; _____ Additional: _____

Total Sq.Ft. (A+B+C+D): _____

Contractor Name: _____

Street Number: _____

City: _____ Zip Code: _____

Telephone #: _____ Date: _____

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- A. EXISTING USE GROUP: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H I-1 I-2
I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U N/A (Section 302) OBC
- B. NEW USE GROUP: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H I-1
I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U N/A
- C. EXISTING CONSTRUCTION CLASS 1A 1B 2A 2B 3A 3B 4
5A 5B N/A (Table 503) OBC
- D. NEW CONSTRUCTION CLASS 1A 1B 2A 2B 3A 3B 4
5A 5-B N/A
- E. EXISTING BUILDING:
AREA: _____ S.F./HEIGHT: _____ FT./NO OF STORIES: _____
- F. PROPOSED BUILDING:
AREA: _____ S.F./HEIGHT: _____ FT./NO OF STORIES: _____
- H. NUMBER OF EXITS:
EXISTING: _____ NEW: _____ TOTAL: _____
- I. MAXIMUM EXISTING EXIT ACCESS TRAVEL LENGTH _____ FT. _____ N/A
- J. AREA LIMITATIONS GENERAL LIMITATIONS UNLIMITED
- K. EXISTING BUILDING FIRE SUPPRESSION SYSTEM:
TOTAL _____ PARTIAL _____ NONE _____ N/A _____
- L. NEW BUILDING FIRE SUPPRESSION SYSTEM:
TOTAL _____ PARTIAL _____ NONE _____ N/A _____
- M. EVALUATION OF FIRST LEVEL OF HABITABLE SPACE _____ ABOVE AVERAGE GRADE
- N. NUMBER OF OFF STREET PARKING SPACES ___ EXISTING _____ NEW _____ TOTAL
- O. SQUARE FOOTAGE OF PARKING LOT _____ EXISTING _____ NEW _____ TOTAL
- P. IS BUILDING HANDICAP ACCESSIBLE: _____ YES _____ NO

I fully understand that all information in this form is necessary for proper examination of my plans and further, that failure to provide the above data is sufficient cause for my plans to be rejected.

Signature of Applicant

Date: