



CITY OF BEDFORD, OHIO

165 Center Road, Bedford, Ohio 44146 Office 440.735.6530 ♦ Fax 440.232.1558 ♦ www.bedfordoh.gov

Non-residential Plan Review Application

SCOPE OF PROJECT: OBC (107.2 (1))		TYPE OF PROJECT:	PHASED PLAN REVIEW:
Building General	Sprinkler System	Building (New) Construction	Foundation
Mechanical	Fire Alarm	Building Addition	Framing
Electrical	Plumbing	Alteration Repairs	_____
		Change of Occupancy Request	_____

APPLICATION RELATED INFORMATION:

Is this project being submitted as a result of a previous plan review?

NO YES, Please provide the preliminary plan review number: _____

Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?

NO YES, Please provide the adjudication order number: _____

PROJECT/BUILDING LOCATION: (OBC 107.2 (2))

Building Name _____ Street Address _____

Is this project/building located in a flood plain? YES NO

Has flood plain administrator been contacted for requirements? YES NO

BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2 (1))

BUILDING OWNER INFORMATION:

Name of Owner _____ Attention: _____

Street Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax _____ E-mail _____

APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2)

Applicant _____ Attention: _____

Street Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax _____ E-mail _____

REGISTERED DESIGN PROFESSIONAL INFORMATION:

Architect Engineer Certified Fire Protection system designer (OBC 107.4.4)

Designer: _____ Registration/Certificate No. _____

Street Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax _____ E-Mail _____

BUILDING CODE INFORMATION: (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)

Current use group(s) _____ Current use group(s) _____ Current use group(s) _____

Occupancy Description: _____

GENERAL BUILDING INFORMATION: (The following information applies to the entire building, not just construction area.)(OBC107.2(3))
 Building Information: Use group(s) _____ Mixed use group(s) YES NO Separated _____ Non-separated _____
 Construction type: _____ Building Height (FT): _____ No. of stories _____
 Occupant load: _____ Storage Height (FT): _____ Storage aisle width (FT): _____

LIST USE GROUPS BELOW FOR MIXED USE BUILDINGS	LIST OCCUPANCY TYPE FOR ASSOCIATED USE GROUP BELOW

FIRE PROTECTION SYSTEM(S): Enter the type of system such as NFPA 72, etc., if known Enter "N/N" if not applicable
 Building sprinkler system: YES NO Sprinkler demand @ base of riser (PSI): _____
 Limited area sprinkler system: YES NO In-Rack sprinkler system: YES NO Type 1 Hood: YES NO
 Building fire alarm system: YES NO Fire detection system: YES NO Smoke detection system: YES NO

CERTIFICATION: (OBC 107.2(5))
 I certify that I am the Owner Agent for the owner
 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: _____
 Print Name: _____ Date: _____

THIS AREA IS FOR OFFICIAL USE ONLY:
 Date received: _____ PPR. No.: _____
 Check No.: _____
 Processed by: _____ Walk In Mail In