



CITY OF BEDFORD, OHIO

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

Residential Plan Review Application

SCOPE OF PROJECT: RCO (107.2 (1)) Building General Accessory Structure Mechanical Fence (over 6' tall) Electrical Other: _____ Sprinkler System Other: _____ Fire Alarm Other: _____ Plumbing	TYPE OF PROJECT: New Building Construction Building Addition Building Alteration Repairs /Maintain/Replacement Accessory Building Existing Building. C of O	PHASED PLAN REVIEW: Foundation Framing _____ _____
APPLICATION RELATED INFORMATION: Is this project being submitted as a result of a previous plan review? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, Please provide the adjudication order number: _____		
PROJECT/BUILDING LOCATION: (RCO 107.2 (2)) Building Name _____ Street Address _____ Is this project/building located in a flood plain? <input type="checkbox"/> YES <input type="checkbox"/> NO Has flood plain administrator been contacted for requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (RCO 107.2 (1)) _____ _____ _____		
BUILDING OWNER INFORMATION: (RCO 107.2) Name of Owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
APPLICANT INFORMATION: (Owner or designated representative) (RCO 107.2(4)) Applicant _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
REGISTERED DESIGN PROFESSIONAL INFORMATION: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire Protection system designer (RCO 106.1.1; 106.1.2) Designer: _____ Registration/Certificate No. _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-Mail _____		
Evidence of Responsibility: (RCO 106.2) Required residential construction documents when submitted for review as required under RCO section 107 shall bear the identification of the person primarily responsible for their preparation. No 'seal' is required for any documents per Ohio Revised Code Section 3791.04 (A)(2)(b). Preparer Name: _____ Address: _____ City: _____ State: _____ Zip: _____		

Industrialized Units Information: (The following information applies to the INDUSTRIALIZED UNITS and alternative materials, designs, methods of construction or equipment approved by the State of Ohio, Board of Building Standards Industrialized units (IU) program.) (RCO 106.1.4, Section 114)

Authorized Manufacturer and project information: _____

Board approved documents submitted to local Building Official? Yes No

Details of on-site interconnection of modules or assemblies submitted to Building Official? Yes No

Approval Number: _____ Approval Date: _____

Construction Documents Requirements: (Refer to RCO 106.1.3 (1 - 10) for specific construction documents requirements.)

Time limitation of Application: (RCO 107.2.1) The approval of construction documents under this section is a "license" and the failure to approve such construction documents as submitted within thirty days after filing or the disapproval of such construction documents is an "adjudication order denying the issuance of a license" requiring the opportunity for an "adjudication hearing" as provided by sections 119.07 to 119.13 of the Revised Code and as modified by sections 3781.031 and 3781.19 of the Revised Code. In accordance with section 109, an adjudication order denying the issuance of a license shall specify the reasons for such denial.

CERTIFICATION: (RCO 107.2(4))

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