CITY OF YOUNGSTOWN
BUILDING DEPARTMENT
APPLICATION FOR PLAN APPROVAL

Department Use Only

PLAN NO. _____ DATE _____

Submit to: City of Youngstown Building Department
26 S. Phelps Street – Fifth Floor
Youngstown, OH 44503
330.742.8890 phone 330.742.8807 fax

1. CHECK ALL THAT APPLY:

- □ FOUNDATION
- □ STRUCTURAL
- □ UNDERGROUND UTILITIES
- □ SHELL
- □ INTERIOR FINISH
- □ PRE-ENGINEERED BUILDING
- □ HEATING
- □ FIRE SUPPRESSION
- □ FIRE ALARM
- □ ELECTRICAL*
- □ PLUMBING*
- □ KITCHEN EXHAUST HOOD
- □ HOOD SUPPRESSION SYSTEM

* Indicates approval for OBC only

2. PLANS PREPARED BY:

	Registration No.
□ Ohio Registered Architect	_____
□ Ohio Professional Engineer	_____
□ Ohio Sprinkler Designer	_____
□ Other	_____

3. NAME OF PROJECT & DESCRIPTION

(for example, Youngstown City Hall – Renovation)

4. NATURE OF PROJECT

□ Change of Use □ New Construction
□ Addition □ Alteration

5. TYPE OF CONSTRUCTION

□ 1A □ 1B □ 2A □ 2B □ 3A □ 3B
□ 4 □ 5A □ 5B

6. CURRENT OBC USE GROUP _____

(if applicable)

7. PROPOSED OBC USE GROUP

□ A1 □ A2 □ A3 □ A4 □ B □ E
□ F1 □ F2 □ H1 □ H2 □ H3 □ H4
□ H5 □ I1 □ I2 □ I3 □ I4 □ M
□ R-1 □ R-2 □ R-3 □ R-4 □ S-1 □ S-2
□ U □ MIXED USE (Check all that apply)

If the building is Use Group R-1, R-2, or R-3,
Indicate the number of units _____

8. OCCUPANT LOAD: _____

9. COST OF WORK $ _____

If a building permit is issued wrongfully, whether based on misinformation or on improper application of the code, the building permit may be revoked.

THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY FOR PLANS TO BE REVIEWED. INCOMPLETE INFORMATION WILL DELAY APPROVAL.

10. OWNER INFORMATION

_____
Company Name

_____
Street Address

_____
City / State / Zip Code

_____
Telephone & Fax

11. SUBMITTER INFORMATION

_____
Company Name

_____
Street Address

_____
City / State / Zip Code

_____
Telephone & Fax

12. DESIGNER INFORMATION

_____
Name of Company/Person Preparing Plans

_____
Street Address

_____
City / State / Zip Code

_____
Telephone & Fax

13. PROJECT INFORMATION

_____
Street Address

_____
City / State / Zip Code

_____
Specify exact location of project (for example, 2nd Floor)

14. BUILDING HEIGHT AND AREA

Number of Stories _____

Total Building Area _____s.f.
Area of Renovation _____s.f.
Area of Addition _____s.f.

Applicant warrants the truthfulness of the information in this application. If any of the information provided is incorrect, the building permit may be revoked.

_____ _____
Applicant's Signature Date