

**CITY OF YOUNGSTOWN  
BUILDING DEPARTMENT  
APPLICATION FOR PLAN APPROVAL**

Department Use Only

**PLAN NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROJECT INFORMATION**

Project Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Specify exact location and type of project (ex. 2<sup>nd</sup> Floor renovation)

**CHECK ALL THAT APPLY**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> FOUNDATION              | <input type="checkbox"/> STRUCTURAL   |
| <input type="checkbox"/> UNDERGROUND UTILITIES   | <input type="checkbox"/> SHELL        |
| <input type="checkbox"/> PRE-ENGINEERED BUILDING | <input type="checkbox"/> INTERIORS    |
| <input type="checkbox"/> HEATING                 | <input type="checkbox"/> PLUMBING*    |
| <input type="checkbox"/> ELECTRICAL*             | <input type="checkbox"/> FIRE ALARM   |
| <input type="checkbox"/> FIRE SUPPRESSION SYSTEM | <input type="checkbox"/> EXHAUST HOOD |
| <input type="checkbox"/> HOOD SUPPRESSION        | * Indicates approval for OBC only     |

**PLANS PREPARED BY:**

Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Architect \_\_\_\_\_

Engineer \_\_\_\_\_

Engineer \_\_\_\_\_

Engineer \_\_\_\_\_

Sprinkler/Fire Alarm/Hood Suppression \_\_\_\_\_

Attach additional sheet if necessary to list all design professionals

**TYPE(S) OF CONSTRUCTION**

- 1A  1B  2A  2B  3A  3B  4  5A  5B

**CURRENT OBC USE GROUP** \_\_\_\_\_

(if addition or renovation)

**PROPOSED OBC USE GROUP**

- |                              |   |                              |                              |                              |                              |
|------------------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A1  | <input type="checkbox"/> A2                               | <input type="checkbox"/> A3  | <input type="checkbox"/> A4  | <input type="checkbox"/> B   | <input type="checkbox"/> E   |
| <input type="checkbox"/> F1  | <input type="checkbox"/> F2                               | <input type="checkbox"/> H1  | <input type="checkbox"/> H2  | <input type="checkbox"/> H3  | <input type="checkbox"/> H4  |
| <input type="checkbox"/> H5  | <input type="checkbox"/> I1                               | <input type="checkbox"/> I2  | <input type="checkbox"/> I3  | <input type="checkbox"/> I4  | <input type="checkbox"/> M   |
| <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2                              | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 |
| <input type="checkbox"/> U   | <input type="checkbox"/> MIXED USE (Check all that apply) |                              |                              |                              |                              |

If the building is Use Group R-1, R-2, or R-3

Indicate the number of units \_\_\_\_\_

**OCCUPANT LOAD** Existing \_\_\_\_\_ Proposed \_\_\_\_\_

**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.

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

**OWNER INFORMATION**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

**SUBMITTER INFORMATION**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

**DESIGNER INFORMATION**

Name of Company/Person Preparing Plans \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

**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 \_\_\_\_\_