

# Application for Non Residential Plan Review

Portage County Building Department  
449 S. Meridian St. Ravenna, Ohio 44266  
Phone: (330) 297-3534 Fax: (330) 297-3896

Date Received
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PEN # _____
Permit # _____
Flood Zone/Map _____
Township _____
Village _____

**Applicant shall complete parts 1 – 5 and submit (4) sets of plans**

## Part 1 General Information

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

Project Address \_\_\_\_\_

Permanent Parcel # \_\_\_\_\_ Flood Zone \_\_\_\_\_

Project Cost \$ \_\_\_\_\_ Zoning Certificate \_\_\_\_\_ Sewer/Septic/EPA \_\_\_\_\_

## Part 2 Project Description

Type of Construction (check all that apply)

- New Building  Building Addition  Agricultural  Industrialized Unit
- Change of Occupancy  Alterations  Suppression  Mechanical
- Detection / fire alarm  Electrical  Special Inspection

Construction Classification

- I-A  I-B  II-A  II-B
- III-A  III-B
- IV  V-A  V-B

Use Group Classification (check all that apply for Mixed Use)

- Assembly A-1  A-2  A-3  A-4  A-5  Business B  Education E  Mercantile M  Utility U
- Institutional I-1  I-2  I-3  I-4  Hazard H-1  H-2  H-3  H-4  H-5
- Storage S-1  S-2  Factory F-1  F-2  Residential R-1  R-2  R-3  R-4

Describe work to be performed \_\_\_\_\_

## Part 3 Owner

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Part 4 Applicant / Contractor

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

