

PERMIT # _____

APPROVAL # _____

GRADE PLAN # _____

**VILLAGE OF
SOUTH RUSSELL**

DEPARTMENT OF PUBLIC
SAFETY

DIVISION OF
BUILDING INSPECTION

5205 CHILLICOTHE ROAD
SOUTH RUSSELL, OHIO

(FOR OFFICE USE)

Permit Fee \$ _____

Chargeable Area ____ Sq. Ft.

Addition Area ____ Sq. Ft.

Habitable Area ____ Sq. Ft.

Construction Deposit:
\$ _____

New

Addition

Alteration

Repair

Estimated Cost \$ _____

APPLICATION FOR BUILDING PLAN APPROVAL AND PERMIT

All drawings, including plot plan, elevations and floor plans, also plans for elevator enclosures, must be in duplicate, complete with wall sections showing footer, foundation, floor, walls and roof construction, indicating all structural members, size, spacing, material, etc. Two separate copies of the specifications for the work must be submitted, or the specifications may appear on the plans. The name and address of the author shall be plainly printed in the lower right hand corner on all plans or drawings.

ALL PLANS SUBMITTED SHALL REVEAL SUFFICIENT INFORMATION TO DETERMINE FULL COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE OHIO BUILDING CODE AND VILLAGE BUILDING CODE IN THE FIRE LIMITS.

Drawings shall also indicate clearly the principle use or occupancy of the building or structure. Where more than one type use or occupancy is intended, the location and floor area for such uses or occupancies shall be clearly shown on the plans or drawings.

Plot Plans and Grade Plans must be included with the drawings and must indicate distances to other buildings and property lines and as required in Grade Setting Ordinance No. 1979-40.

Any approval or permit issued in connection herewith does not cover the water supply, plumbing, drainage and sewage disposal. The Geauga County Department of Health, Chardon, Ohio, shall be approval agent for all Septic Tank Installation Requests.*

All electrical wiring shall be installed in accordance with the National Electrical Code and shall conform to the requirements of the Ohio Building Code and the current edition of the National Electrical Code.

Date Submitted _____, _____

TO THE BUILDING OFFICIAL:

I, _____ () Agent () Owner hereby make application for a PLAN APPROVAL AND PERMIT to erect or build a structure as described in this application and the accompanying drawings which are a part of this application.

LOCATION AND DESCRIPTION OF LOT

No. and Street _____ S/L No. _____ Block No. _____

Allotment _____ Side of Street _____ Ward _____

Between _____ Street and _____ Street

Being _____ feet front and _____ feet deep on the _____ side

Being _____ feet rear and _____ feet deep on the _____ side

Plans Submitted By: Name Registered No. Address Phone

Grade set by _____

Architect _____

Engineer _____

DESCRIPTION OF BUILDINGS AND GROUP USES

OCCUPANCY APPLIED FOR - CHECK USE OR USES: OHIO BUILDING CODE

- 1. GROUP A – (ASSEMBLY) A-1 A-1-A A-1-B A-2 A-3 A-4 A-5
- 2. GROUP B – (BUSINESS)
- 3. GROUP F – (FACTORY & INDUSTRIAL)
- 4. GROUP H – (HIGH HAZARD)
- 5. GROUP I – (INSTITUTIONAL) I-1 I-2
- 6. GROUP M – (MERCANTILE)
- 7. GROUP R – (RESIDENTIAL) R-1 R-2 R-4
- 8. GROUP S – (STORAGE) S-1 S-2
- 9. GROUP T – (TEMPORARY & MISCELLANEOUS)
- 10. MIXED OCCUPANCY

**TYPE OF CONSTRUCTION – OHIO BUILDING CODE
(CHECK TYPE APPLICABLE)**

FIREPROOF: 1-A 1-B NONCOMBUSTIBLE: 2-A 2-B 2-C HEAVY TIMBER-EXTERIOR MASONRY: 3-A 3-B 3-C FRAME: 4-A 4-B

Exterior Dimensions – Each floor	Ceiling Height	Square Feet	Inside Dimensions	Square Feet
Basement	X	_____	X	_____
1 st Floor	X	_____	X	_____
2 nd Floor	X	_____	X	_____
3 rd Floor	X	_____	X	_____
4 th – 5 th Floor				
Indicate Number	Total			

Type Heating: Steam HW WA Other Fuel: Gas Oil Electric Coal

Type Air-Cond.: _____ Tonnage _____ Location: Roof Window Other

Elevator – Type: _____ Number: _____ Manufacturer _____

Sprinkler: Yes No Manufacturer: _____ Number Heads _____

Sanitary Sewers in R/W: Yes No Septic Tank Gallons _____ Permit No. _____

Storm Sewers in R/W: Yes No _____

Water: Municipal Well Other _____

Soil Test by: Name _____ Address _____

Standard Industrial Classification No.: _____

ZONE USE – (OFFICE USE ONLY)

Area of Construction: Zone Map Key _____

Principle Use: Basement _____ 1st Floor _____ 2nd Floor _____

3rd Floor _____ 4th Floor _____ Other _____

ACCESSORY USES: (On same lot) _____

Parking, etc. _____ spaces to be provided. Treatment of parking surface _____

Conditional Use Permit Required: Yes No Approval Date: _____

Occupancy Permit Required: Building Land Approval Date: _____

Do not occupy a building or land until certified approval is requested and approved in writing by the Village of South Russell Building Department official.

If Project is a Building Addition, Give Complete Information on Existing Building Here:

EXTERIOR DIMENSIONS:

AREAS – SQ. FT.	WALLS	ROOF	FLOORS	CEILINGS
Basement _____ X _____ = _____	Masonry _____	Wood Frame Supported _____	Wood on wood joists _____	Exposed steel joists _____
1 st Floor _____ X _____ = _____	Frame, wood _____	All metal _____	Concrete on steel joists _____	Exposed wood joists _____
2 nd Floor _____ X _____ = _____	Metal _____	Reinforced concrete _____	Reinforced concrete _____	Plaster on wood lath _____
3 rd Floor _____ X _____ = _____	Other _____ (describe below)	Heavy Timber _____	Slab _____	Mineral Board _____
Other Floors _____ X _____ = _____ (describe below)		Other _____	Other _____	Other _____

Show any fire walls, their thickness and openings _____

Does addition block exits from present building? If so, how? _____

Comments or other explanation _____

ANY STORAGE BUILDING SHOULD INDICATE COMBUSTIBLE ___ OR NON-COMBUSTIBLE ___ STORAGE.

The proposed Addition, Alteration or Repair consists of:

Occupancy in added or altered area: OBC No. _____ Write In _____

Contractor's Name _____ Address _____ Phone _____

- *General _____
- *Mason _____
- *Carpenter _____
- *Plumber _____
- *Electrical _____
- *Heat _____
- *Sewer Builders _____

*Required to be licensed or registered.

AGREEMENT

The acceptance of the Approval and Permit herein applied for shall constitute an agreement on my/our part to abide by all the conditions herein contained, and to comply with all laws and ordinances of the Village and the laws of the State of Ohio relating to the work to be done thereunder; and said agreement is a condition of said Approval and Permit. It is a further condition of the Approval and Permit that contingencies noted or attached shall be completed.

The undersigned further states and affirms under the penalties of perjury that all of the foregoing statements and all the information contained is true. The undersigned further understands and is aware that any false statements contained in the foregoing application will render the undersigned liable to criminal prosecution.

Phone _____ Sig. Owner _____

Owner's Address _____

Sig. Authorized Agent _____

Phone _____

Address _____

SOUTH RUSSELL VILLAGE

2015 RESIDENTIAL CODE OF OHIO (RCO) SYSTEMS DESCRIPTION FORM

This form may be submitted in lieu of fully detailed plans for the following systems

Applicant _____ Homeowner _____

Office # _____ Cell # _____ Home # _____

Project Description _____

Address of Project _____ City/Township _____

Electrical System Description

Service Size (Amps)	Size of Service Entrance Conductors	Panel Location(s)	Number of Sub-Panels	Location
<input type="checkbox"/> 100 Amp				<input type="checkbox"/> Overhead
<input type="checkbox"/> 200 Amp				<input type="checkbox"/> Underground
<input type="checkbox"/> Over 200 Amp				

- a. A detailed electrical diagram for services over 200 amps may be required for review and approval.
 b. Detailed electrical and gas piping diagrams for generator installations may be required for review and approval.

HVAC System Description

Heating Equipment Type, Size & Efficiency	Design Heat Loss (Btu/h)	Type of Fuel	Location of Equipment
<input type="checkbox"/> Forced Air Btu/h _____ Eff _____ <input type="checkbox"/> Boiler Btu/h _____ Eff _____ <input type="checkbox"/> Heat Pump Btu/h _____ Eff _____ <input type="checkbox"/> Electric Btu/h _____ Eff _____ <input type="checkbox"/> Geothermal Btu/h _____ Eff _____		<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<input type="checkbox"/> Basement <input type="checkbox"/> Attic <input type="checkbox"/> Closet <input type="checkbox"/> Crawl Space <input type="checkbox"/> Outdoor

Cooling Equipment Type, Size & Efficiency	Design Heat Gain (Btu/h)	Location of Equipment
<input type="checkbox"/> AC Btu/h _____ Eff _____ <input type="checkbox"/> Heat Pump Btu/h _____ Eff _____ <input type="checkbox"/> Geothermal Btu/h _____ Eff _____		<input type="checkbox"/> Outdoor <input type="checkbox"/> Other _____

Area of Conditioned Space (sq. ft.)	Duct Size (Supply and Return)
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Fuel Gas System Description

Number of Fuel Gas Outlets	Size of Fuel Gas Main	Piping Materials
		<input type="checkbox"/> Steel Pipe Sch. 40 <input type="checkbox"/> CSST <input type="checkbox"/> Other _____

Plumbing System Description

ITEM	No.	ITEM	No.	ITEM	No.
Water Closet		Laundry Tub		Pressure Reducing Valve	
Lavatory		Floor Sink		Garbage Disposal	
Hot Tub		Sump Pump		Clothes Washer	
Kitchen Sink		Floor Drain		Dishwasher	
Bathtubs/Shower		Hot Water Heater		Backflow Device	

Water Heater	Location:	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Attic	<input type="checkbox"/> Other
	Fuel Type:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
	Capacity	BTU:	Gallons:	<input type="checkbox"/> Tankless	
Water Service	Type:	<input type="checkbox"/> Copper	<input type="checkbox"/> PVC/Plastic	<input type="checkbox"/> Other	
	Size:	<input type="checkbox"/> 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1-1/4"	<input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2"

Isometric Plan: