



APPLICATION FOR BUILDING PLAN REVIEW AND APPROVAL

Submit one application for each building or structure. Please print or type. All sections must be completed. Refer to the instruction sheet for completing this application. This form is also available at www.cityofsteubenville.us

1	SCOPE OF PROJECT	2	Use: Residential (1 to 3 units) <input type="checkbox"/> Commercial (res. 4 or more units and all non-res) <input type="checkbox"/>	Special Inspection Required Per 1704 OBC? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Building General <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Sprinklers <input type="checkbox"/> Industrialized Unit <input type="checkbox"/> Fire Alarm Phased plan review	3	Is this project located within the local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		4	Enter number of sheets in one set of your drawings:					
		5	Type of project <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy					
		6	Is this project submitted as a result of a plan review before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the Plan Approval Number:					
		7	Previous or related Plan Approval Number(s)					
8	Description of project:		Name of the building:					
Exact address of the building								
City			Zip					
9	Owner of building		Attention					
Address		City	State	Zip				
Phone ()		FAX ()	E-Mail:					
10	Name of submitter							
Address		City	State	Zip				
Phone ()		FAX ()	E-Mail:					
11	Plans prepared by	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer (check one)						
Name		Ohio Registration Number						
Address		City	State	Zip				
Phone ()		FAX ()	E-Mail:					
12	Type of construction	20	Plans submitted as a result of Notice of Violation <input type="checkbox"/> Yes <input type="checkbox"/> No Adjudication Order No. (if applicable):					
13	Current use group	21	I hereby certify that I am the (select one)					
14	Proposed use group(s)	<input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner						
15	Estimated Construction cost: \$	and 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 to my attention at the address shown above. _____ Signature Date _____ Print or type name of submitter						
16	Total square footage (round to next 100 sq ft)				Bldg.	Elect	Mech	I.U.
17	Total lineal footage							
18	Sprinkler square footage							
19	Number of alarm devices							
THE AREA BELOW IS FOR OFFICIAL USE ONLY								
22	Total fees due: (from Building permit fee worksheet)	\$	24	Verification				
			Date recd:	Plan Approval#				
23	Fees paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check		Check#:	Verification#:				
			Processed by:	Mail-In <input type="checkbox"/> Walk-In <input type="checkbox"/>				