

VILLAGE of HIGHLAND HILLS
 APPLICATION for PERMIT/PLAN REVIEW
 3700 NORTHFIELD ROAD HIGHLAND HILLS OHIO 44122
 216.283.3000 x 240 Email: bldg@vhhohio.org

NON-RESIDENTIAL APPLICATIONS ONLY											
9	REGISTERED DESIGN PROFESSIONAL INFORMATION:			Architect	Engineer	Certified Fire protection system designer (OBC 107.4.4)					
Designer				Registration /Certificate No.:							
Street Address				City		State		Zip			
Phone No.			Fax		E-mail						
10 BUILDING CODE INFORMATION:											
(Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)											
Current use group(s)			Current use group(s)			Current use group(s)					
Occupancy Description:											
11 GENERAL BUILDING INFORMATION: (The following information applies to the <i>entire building</i> , not just construction area.)											
▪ Building Information:											
Use group(s)?		Mixed use groups?		No		Yes		Separated		Non-separated	
Construction type?		Building height (FT)?		No. of stories?							
Occupant load?		Storage height (FT)?		Storage aisle width (FT)?							
▪ List USE GROUP below for mixed use building.						▪ List Occupancy Type for associated use group below.					
▪						▪					
▪						▪					
▪						▪					
▪						▪					
▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)											
Building sprinkler system?			Sprinkler demand @ base of riser (PSI)?								
Limited area sprinkler system?			Type 1 hood suppression?			In-Rack sprinkler system?					
Building fire alarm system?			Fire detection system?			Smoke detection system?					

12 CERTIFICATION:											
I certify that I am the			Owner		Agent for the owner						
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 sent to my attention at the address shown above.						Date received		Appl. No.:			
						Check No.:		Verification #			
						Processed by:		Walk in		Mail in	
Signature											
Print Name:			Date								
						Rev. 11/2019					

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1 SCOPE OF PROJECT:	2 TYPE OF PROJECT:	3 PHASED PLAN REVIEW:																								
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4 APPLICATION RELATED INFORMATION:																										
<input type="checkbox"/> Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the preliminary plan review number: _____																										
<input type="checkbox"/> Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____																										
COST OF WORK COVERED BY THIS APPLICATION \$ _____																										
5 PROJECT/BUILDING LOCATION:																										
STREET ADDRESS _____																										
<input type="checkbox"/> Is this project/building located in a flood plain? Yes No <input type="checkbox"/> Has flood plain administrator been contacted for requirements? Yes No																										
6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:																										
7 BUILDING OWNER INFORMATION:																										
Name of owner	Attention:																									
Street Address	City	State Zip																								
Phone No.	Fax	E-mail																								
8 APPLICANT INFORMATION: (Owner or designated representative)																										
Applicant	Attention:																									
Street Address	City	State Zip																								
Phone No.	Fax																									
Email																										
SEE PAGE 2----->																										
