NON-RESIDENTIAL APPLICATIONS ONLY

<table>
<thead>
<tr>
<th>9</th>
<th>REGISTERED DESIGN PROFESSIONAL INFORMATION:</th>
<th>Architect</th>
<th>Engineer</th>
<th>Certified Fire protection system designer (OBC 107.4.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Designer</td>
<td>Registration /Certificate No.:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td></td>
<td>Phone No.</td>
<td>Fax</td>
<td>E-mail</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Current use group(s)</th>
<th>Current use group(s)</th>
<th>Current use group(s)</th>
</tr>
</thead>
</table>

Occupy Description:

11 GENERAL BUILDING INFORMATION: (The following information applies to the *entire building*, 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: 
Check No.: 
Processed by: Walk in 
Mail in

Signature

Print Name: Date

Rev. 11/2019
1 SCOPE OF PROJECT:  
- Building General  
- Mechanical  
- Electrical  
- Plumbing  

2 TYPE OF PROJECT:  
- Repairs  
- Sprinkler System  
- New Building Construction  
- Fire Alarm  
- Alteration  
- Building Addition  
- Change of Occupancy  
- Request Existing Bldg C of O  

3 PHASED PLAN REVIEW:  
- Foundation  
- Partial  

4 APPLICATION RELATED INFORMATION:  
- Is this project being submitted as a result of a previous preliminary plan review?  
  Yes, please provide the preliminary plan review number:  
- Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?  
  Yes, please provide the adjudication order number:  

5 PROJECT/BUILDING LOCATION:  
STREET ADDRESS  

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  

SEE PAGE 2--------------------------------->  

******************************************************