



# CITY OF MENTOR PLAN REVIEW APPLICATION

Please complete all applicable areas. The City will assist in completing the application if necessary

## PROJECT INFORMATION (Print/Type)

Project Address: \_\_\_\_\_ Unit/Suite #: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Name of Tenant/Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

## WORK TYPE: (Print/Type)

New  Addition  Alteration  Repair  Relocate  Replace  Demolition  Right-of-Way  Utility

Valuation (not including real estate): \$ \_\_\_\_\_ Use Group: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Building Height (measured from finished grade to roof line): \_\_\_\_\_

<u>FLOOR:</u>	<u>AREA NAME:</u>	<u>SQUARE FOOTAGE:</u>	<u>OCC LOAD:</u>	<u>USE:</u>
First Floor	_____	_____	_____	_____
Second Floor	_____	_____	_____	_____
Basement	_____	_____	_____	_____
Garage	_____	_____	_____	_____
Deck	_____	_____	_____	_____
Porch	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>TOTAL:</b>	_____	_____	_____	_____

All plans submitted for plan review shall be dimensioned and drawn at an approved scale, of sufficient clarity to indicate the location, nature and extent of the work proposed and shall include details to show conformance with the provisions of the Code. Residential submittals require two (2) sets of building plans such as, floor plans, framing plans, elevations and sections with 4 sets of site plans showing location on the lot and utilities. Six complete sets are required for Ohio Building Code.

## NAME AND ADDRESS OF PROPERTY OWNER: (Print/Type)

Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## NAME AND ADDRESS OF APPLICANT (Print/Type)

Owner  Agent  Architect  Engineer  Contractor

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Application is hereby submitted to erect and/or alter the structure or premises described in this plan review application and the accompanying construction documents which when endorsed as approved by the authority having jurisdiction shall define the permitted work. It is hereby specifically agreed that the signatories and their assigns shall comply with all Codes and Ordinances of the City of Mentor, State of Ohio, and all the conditions contained in the file record of any subsequent plan approval, and the applicant further attests by signing this document that the signatory is authorized to act on behalf of the Owner of the property. This application submittal is a public record pursuant to the provisions of the Ohio State Open Records Act and a legal document. You are asked to furnish the information on this form to the best of your knowledge and ability. Any information that is yet to be determined must be so noted and provided later to complete the process. Purposely filing false or misleading information is a violation of City and State Ordinances and may be cause to void any plan approval or permit issued based on this information. If the requested information is not supplied, the application may take longer to process. Additional information in the form of Plans or other Construction Documents, are herewith submitted.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(REVISION 03/2010 ALL OTHER VERSIONS ARE OBSOLETE)

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 [www.cityofmentor.com](http://www.cityofmentor.com)  
Engineering and Building Department Phone 440-974-5785 \ Fax 440-974-5708 \ Email [building@cityofmentor.com](mailto:building@cityofmentor.com)



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**Work Type Description (please indicate by checking all applicable):**

- |   |  |
|---|--|
| <input type="checkbox"/> Building / Structure           | <input type="checkbox"/> Right-of-way Apron / sidewalk |
| <input type="checkbox"/> Dwelling Single Family         | <input type="checkbox"/> Waterproofing                 |
| <input type="checkbox"/> Dwelling Unit Dup/Triplex      | <input type="checkbox"/> Fire Suppression              |
| <input type="checkbox"/> Townhouse dwelling unit        | <input type="checkbox"/> Fire Alarm                    |
| <input type="checkbox"/> Shell only                     | <input type="checkbox"/> Storm Sewer                   |
| <input type="checkbox"/> Interior only                  | <input type="checkbox"/> Sanitary Sewer                |
| <input type="checkbox"/> Foundation Only                | <input type="checkbox"/> Water Line                    |
| <input type="checkbox"/> Sign                           | <input type="checkbox"/> Gas Piping                    |
| <input type="checkbox"/> Fence                          | <input type="checkbox"/> Utility Mainlines             |
| <input type="checkbox"/> Re-occupancy                   | <input type="checkbox"/> Tower                         |
| <input type="checkbox"/> Attached Garage                | <input type="checkbox"/> Roof                          |
| <input type="checkbox"/> Detached Garage                | <input type="checkbox"/> Basement Finish               |
| <input type="checkbox"/> Awning / Carport               | <input type="checkbox"/> Windows/Doors                 |
| <input type="checkbox"/> Deck                           | <input type="checkbox"/> Cable/Communications          |
| <input type="checkbox"/> Porch                          | <input type="checkbox"/> Siding                        |
| <input type="checkbox"/> Patio enclosure/ 3 Season Room | <input type="checkbox"/> Fire/Wind Other Damage        |
| <input type="checkbox"/> Kiosk                          | <input type="checkbox"/> Exterior Façade               |
| <input type="checkbox"/> Shed                           | <input type="checkbox"/> Kitchen Hood                  |
| <input type="checkbox"/> Gazebo / pavilion              | <input type="checkbox"/> Electrical                    |
| <input type="checkbox"/> Swimming Pool Aboveground      | <input type="checkbox"/> Plumbing                      |
| <input type="checkbox"/> Swimming Pool In-Ground        | <input type="checkbox"/> HVAC/Mechanical               |
| <input type="checkbox"/> Swimming Pool Storable         | <input type="checkbox"/> Fireplace                     |
| <input type="checkbox"/> Temporary Structure < 90 days  | <input type="checkbox"/> Paint Spray Booth             |
| <input type="checkbox"/> Driveway / sidewalk            | <input type="checkbox"/> Kitchen Hood Suppression      |
| <input type="checkbox"/> Site work / Paving             | <input type="checkbox"/> Retaining Wall                |
| <input type="checkbox"/> Concrete flatwork /Patio slab  | <input type="checkbox"/> Other _____                   |

COMMENTS:

**OFFICE USE ONLY:** Zoning: \_\_\_\_\_ Ward: \_\_\_\_\_ Census Tract: \_\_\_\_\_

**Classification:**  Residential Code  Commercial Code  Planning & Zoning  Right-of-Way Construction Code

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

**FEES:** Plan Review: \_\_\_\_\_ SAF Plan Review: \_\_\_\_\_

**(REVISION 03/2010 ALL OTHER VERSIONS ARE OBSOLETE)**

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