



City of Aurora, Ohio - Planning, Zoning and Building Division

129 W. Pioneer Trail, Aurora, OH 44202 330.562.9564 Fax: 330.562.9719 www.auroraoh.com

COMMERCIAL/INDUSTRIAL PROJECTS FIRE ALARM OR SPRINKLER SYSTEM

APPLICATION SUBMITTALS

COMMERCIAL OR INDUSTRIAL INTERIOR ALTERATIONS require submittal of the following:

1. Completed Building Permit Application.
2. No fees are due at submittal. Permit cost will be calculated after the plan review and charged when the permit is ready to be issued.
3. Please submit digital plans to PZB@auroraoh.com. Three sets of paper plans (including specifications) are also required.
4. Approvals necessary prior to issuance of a permit:
 - a. Commercial/Industrial Plan Examination
 - b. Commercial Building Official
 - c. Fire Chief
 - d. Planning, Zoning and Building Division Director
5. All contractors/subcontractors must be registered with the Planning, Zoning & Building Division.
6. Inspections that may be required:
 - a. Rough Building, Electric, Plumbing & HVAC
 - b. Final Building, Electric, Plumbing & HVAC
 - c. Fire Suppression Systems
 - d. Special Inspections as required



**CITY OF AURORA
PLANNING, ZONING & BUILDING DIVISION
APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL**

PERMIT # _____
Parcel No. _____
Zoning _____ S/L _____ G/L _____

1 SCOPE OF PROJECT: (OBC 107.2.1) <input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	2 TYPE OF PROJECT: <input type="checkbox"/> Repairs <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O	3 PHASED PLAN REVIEW: <input type="checkbox"/> Foundation <input type="checkbox"/> Other (specify): _____ _____ _____
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4 APPLICATION RELATED INFORMATION:

- Is this project being submitted as a result of a previous preliminary plan review?
 No 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?
 No Yes, please provide the adjudication order number: _____

5 PROJECT/BUILDING LOCATION: (OBC 107.2.2)

Building Name _____ Street Address _____
 City/Township _____ Zip Code _____ County _____
 Directions _____

▪ Is this project/building located in a flood plain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Has flood plain administrator been contacted for requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1)

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) (OBC 107.2)

Applicant _____ Attention: _____
 Street Address _____ City _____ State _____ Zip _____
 Phone No. _____ Fax _____ E-mail _____

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 PROJECT INFORMATION: (The following information applies to the *entire building*, not just construction area.) (OBC 107.2.3.)

▪ Project Information:

Project Cost _____ Height _____ Length _____ Width _____ Total S.F. _____

Use groups(s)? _____ Mixed Use Groups? _____ No _____ Yes _____ Separated _____ Non-Separated

Construction type? _____ No. of stories of Building _____

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)? _____	In-Rack sprinkler system? _____
Limited area sprinkler system? _____	Type 1 hood suppression? _____	Smoke detection system? _____
Building fire alarm system? _____	Fire detection system? _____	

12 ENERGY EFFICIENCY

ANSI/AHRAE/IESNA 90.1 _____ C402.1.1 _____ C402.1.2 _____ Existing Building C401.2.1 _____ N/A

13 CERTIFICATION: (OBC 107.2.5)

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.

Signature _____

Print Name: _____ Date _____

14 INTERNAL OFFICE USE ONLY:

MAILED _____

DELIVERED _____

**ALL CONTRACTORS / SUBCONTRACTORS MUST BE REGISTERED WITH THE CITY OF
AURORA BEFORE PERMITS ARE ISSUED.**

CONTRACTOR NAME AND ADDRESS

GENERAL _____

EXCAVATOR _____

MASON _____

CARPENTER _____

PLUMBER _____

ELECTRICIAN _____

HVAC _____

CONCRETE _____

INSULATION _____

ROOFER _____

SIDING _____

DOWNSPOUTS _____

SEWER _____

OTHER _____

OTHER _____