

Applicant *Please complete all items on form*

1	PROJECT ADDRESS:
2	INSIDE OWENSBORO CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	PROJECT NAME:
4	PERSON SUBMITTING PLANS: Name, Company, Phone & Email
5	OWNER: Name, Address, Contact Person, Phone & Email
6	ARCHITECT: Name, Address, Contact Person, Phone & Email
7	ENGINEER: Name, Address, Contact Person, Phone & Email
8	CONTRACTOR: Name, Address, Contact Person, Phone & Email

Building Information *Enter below*

9	USE OF BUILDING: (Sales, Assembly, Factory, etc.)
10	THIS PROJECT INVOLVES: (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration and/or Repairs <input type="checkbox"/> Addition(s) <input type="checkbox"/> Change of Use or Occupancy
11	NUMBER OF BUILDINGS in this submittal
12	SQ FT TOTAL IN NEW PROJECT , all under roof out-to-out dimensions on all floors involved in new project
13	SQ FT TOTAL IN EXISTING BUILDING , all under roof out-to-out dimensions on all floors in existing building
14	DATE CONSTRUCTION TO BEGIN
15	DATE ESTIMATED FOR COMPLETION

Review of Building Drawings *Check*

16	<input type="checkbox"/> Full Building Review Requested <input type="checkbox"/> Site & Foundation Review Only <input type="checkbox"/> Shell Review Only <input type="checkbox"/> Other Partial Evaluation (Specify) _____
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Review of Special Plans *Check*

17	<input type="checkbox"/> Automatic Sprinkler <input type="checkbox"/> Foam Suppression System <input type="checkbox"/> Fire Detection System <input type="checkbox"/> Range Hoods <input type="checkbox"/> Standpipe <input type="checkbox"/> Tanks Installation <input type="checkbox"/> CO2 Suppression Sys. <input type="checkbox"/> Clean Agent Suppression <input type="checkbox"/> Dry System <input type="checkbox"/> Spectator Seating <input type="checkbox"/> Other (Specify) _____
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Other Agency Approvals *May affect OMPC review and approval of building plans*

18	GREEN RIVER DISTRICT HEALTH DEPARTMENT: <input type="checkbox"/> Plumbing plans subject to the State Plumbing Code <input type="checkbox"/> On-site sanitary sewage disposal systems (septic systems) <input type="checkbox"/> Projects involving food service, schools, hotels, motels, RV & manufactured housing parks, retail food stores, food mfg. plants, food storage warehouses and youth camps REGIONAL WATER RESOURCE AGENCY: <input type="checkbox"/> Wastewater discharge to sewer other than restrooms, sinks <input type="checkbox"/> Floor drains in any production or material storage areas <input type="checkbox"/> Solvents or hazardous materials to be used or stored <input type="checkbox"/> Wastewater pre-treatment facilities <input type="checkbox"/> Auto/truck service/repair; car/truck wash; commercial laundry; photo/x-ray processing; plant/equipment washing; printing; process wastewater; restaurant; wastewater treatment
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Submit these Completed Items:

- Building Plan Review Application (This Form 321)**
- 1 copy
- All building plans to be reviewed, as noted above**
- 1 set *Minimum 3/16" scale and size 9 font.
- Site plans**
- 2 sets
- Review Fee Worksheet (Form 322) and Fee**
- 1 copy
- Fire Suppression Design Criteria (Form 324)**
- 1 copy, if applicable
- Energy Calculation** - 1 copy

Applicant's Certification
 I hereby certify that, to the best of my knowledge, all information hereon and attached is true and accurate. I agree to abide by the effective editions of all applicable codes.

Applicant's Signature **Date**