

ROSS COUNTY BUILDING DEPARTMENT APPLICATION FOR COMMERCIAL PLAN APPROVAL

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PERMIT # _____

* FOUNDATION ONLY	<input type="checkbox"/>
* STRUCTURAL	<input type="checkbox"/>
* MECHANICAL	<input type="checkbox"/>
* ELECTRICAL	<input type="checkbox"/>
* SPRINKLERS	<input type="checkbox"/>
* FIRE ALARM	<input type="checkbox"/>
* TEMPORARY OCCUPANCY	<input type="checkbox"/>
* SPECIAL INSPECTION	<input type="checkbox"/>

(SUBMIT ONE APPLICATION FOR EACH BUILDING OR STRUCTURE)
PLEASE PRINT OR TYPE



1. Project Owner's Company Name _____

Owner's Name _____

Owner's Street Address _____

City _____ Zip Code _____

Owner's Telephone No. _____

2. Plans Prepared By _____ OH Registration No. _____

A. OH Registered Architect

B. OH Professional Engineer _____

C. OH Sprinkler System Designer

D. Other

3. A. Description of job _____

B. Is this in an incorporated Village? YES NO

C. Nature of Job
Change of Use New Addition Alteration Chapter 34

D. Previous Building Permit# _____

<p>4. Type of Construction</p> <p><input type="checkbox"/>1A <input type="checkbox"/>1B</p> <p><input type="checkbox"/>2A <input type="checkbox"/>2B <input type="checkbox"/>2C</p> <p><input type="checkbox"/>3A <input type="checkbox"/>3B</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5A <input type="checkbox"/>5B</p>	<p>5. To Calculate Floor Area</p> <p>A. Measure to outside walls for dimensions.</p> <p>B. Include supported canopies as measured from the centerlines of the furthest columns or supports.</p> <p>C. Do not include roofs or canopies which cantilever from building.</p>
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6. A. Current OBC Use Group _____

B. Proposed OBC Use Group

A1 A2 A3 A4 A5 B E F1 F2 H H1

H2 H3 H4 I1 I2 I3 I4 M R1 R2 R3

R4 S1 S2 U

C. If building is Use Group R1, R2, R3 or R4, specify the number of apartments or units. _____

D. Cost of work covered by this application: _____

Signature of Applicant: _____

Title: _____ Date: _____

7. Name of Firm _____

Submitter's Name _____

Street Address _____

City _____ Zip Code _____

Telephone No. _____

8. Name of Person Drawing Plans _____

Street Address _____

City _____ Zip Code _____

9. Street Address of project _____

Specify EXACT location of project _____

City _____ Zip Code _____

10. Total Square Feet per Floor

A. Basement _____

B. First Floor _____

C. Mezzanine _____

D. Other _____

E. Additional Floors _____

F. # of Alarm devices _____

G. Total Square Feet _____

11. STRUCTURAL FEES

A. \$200.00 Processing Fee _____

B. \$7.50 Per 100 Sq Ft _____

C. \$7.50 Per 100 Lineal ft. (Ex:fences) _____

D. \$100.00 Special Inspection Fee _____

12. MECHANICAL FEES

A. \$200.00 Processing Fee _____

B. \$4.50 Per 100 Sq Ft _____

C. \$100.00 Special Inspection Fee _____

13. ELECTRICAL FEES

A. \$200.00 Processing Fee _____

B. \$4.50 Per 100 Sq Ft _____

C. \$4.50 Per Alarm device _____

D. \$100.00 Special Inspection Fee _____

14. SPRINKLER FEES

A. \$200.00 Processing Fee _____

B. \$4.50 Per 100 Sq Ft _____

C. \$100.00 Special Inspection Fee _____

15. INDUSTRIALIZED UNIT FEES

A. \$150.00 Processing Fee _____

B. \$ 1.30 Per 100 Sq Ft _____

C. \$100.00 Special Inspection Fee _____

16. SUBTOTAL _____

BOARD OF BUILDING STANDARDS FEE (3%) _____

TOTAL: _____

17. For office use only:

REC _____ cash check

Date rec'd _____ Plans to Gary _____

Plans app'd _____ Called for pick up _____

Resubmittal req'd Y N Correction Letter Y N

Adjudication Y N # _____ FZ Y N

Waverly zoning Y N

MAKE CHECK PAYABLE TO: ROSS COUNTY BUILDING DEPARTMENT