

**ROSS COUNTY BUILDING DEPT.
COMMERCIAL APPLICATION
FOR PLAN APPROVAL**

Suite 201, 15 N. Paint Street
Chillicothe, OH 45601
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www.rossplanningandbuilding.com

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

1. Project Name _____

Owner's Name _____

Owner's Street Address _____

City/State _____ Zip Code _____

Owner's Telephone No. _____

2. Plans Prepared By

A. OH Registered Architect OH Registration No. _____

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: New Addition Alteration Chapter 340

D. Previous Building Permit# _____

4. Type of Construction

1. To Calculate Floor Area	A. Measure to outside walls for dimensions. B. Include supported canopies as measured from the center-lines of the furthest columns or supports. C. Do not include roofs or canopies which cantilever from building.
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6. A. Current OBC Use Group _____

B. Proposed OBC Use Group
 O A1 O A2 O A3 O A4 O A5 O B O B1 O B2 O B3 O B4 O B5
 O C1 O C2 O C3 O C4 O C5 O C6 O C7 O C8 O C9 O D1 O D2 O D3 O D4 O D5 O D6 O D7 O D8 O D9 O E1 O E2 O E3 O E4 O E5 O E6 O E7 O E8 O E9 O F1 O F2 O F3 O F4 O F5 O F6 O F7 O F8 O F9 O G1 O G2 O G3 O G4 O G5 O G6 O G7 O G8 O G9 O H1 O H2 O H3 O H4 O H5 O H6 O H7 O H8 O H9 O I1 O I2 O I3 O I4 O I5 O I6 O I7 O I8 O I9 O J1 O J2 O J3 O J4 O J5 O J6 O J7 O J8 O J9 O K1 O K2 O K3 O K4 O K5 O K6 O K7 O K8 O K9 O L1 O L2 O L3 O L4 O L5 O L6 O L7 O L8 O L9 O M1 O M2 O M3 O M4 O M5 O M6 O M7 O M8 O M9 O N1 O N2 O N3 O N4 O N5 O N6 O N7 O N8 O N9 O O1 O O2 O O3 O O4 O O5 O O6 O O7 O O8 O O9 O P1 O P2 O P3 O P4 O P5 O P6 O P7 O P8 O P9 O Q1 O Q2 O Q3 O Q4 O Q5 O Q6 O Q7 O Q8 O Q9 O R1 O R2 O R3 O R4 O R5 O R6 O R7 O R8 O R9 O S1 O S2 O S3 O S4 O S5 O S6 O S7 O S8 O S9 O T1 O T2 O T3 O T4 O T5 O T6 O T7 O T8 O T9 O U1 O U2 O U3 O U4 O U5 O U6 O U7 O U8 O U9 O V1 O V2 O V3 O V4 O V5 O V6 O V7 O V8 O V9 O W1 O W2 O W3 O W4 O W5 O W6 O W7 O W8 O W9 O X1 O X2 O X3 O X4 O X5 O X6 O X7 O X8 O X9 O Y1 O Y2 O Y3 O Y4 O Y5 O Y6 O Y7 O Y8 O Y9 O Z1 O Z2 O Z3 O Z4 O Z5 O Z6 O Z7 O Z8 O Z9

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: \$ _____

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 in #7.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

MAKE CHECK PAYABLE TO: **ROSS COUNTY BUILDING DEPARTMENT**

NOTE: ADDITIONAL PLAN REVIEW FEES MAY APPLY!

revised 1/2/2018JC

100/1002

7. Submitter's Name: _____

Street Address _____

City/State _____ Zip Code _____

Telephone No. _____

Email _____

8. Name of Person Drawing Plans: _____

Street Address _____

City/State _____ Zip Code _____

9. Contractor: _____

Street Address _____

City/State _____ Zip Code _____

Telephone No. _____

10. Street Address of project _____

City/State _____ Zip Code _____

Total Square Feet of All Floors _____

11. STRUCTURAL FEES

A. \$275.00 Processing Fee _____

B. \$10.50 Per 100 Sq Ft _____

C. \$9.50 Per 100 Linear Ft. (Exc. fences) _____

D. \$150.00 Special Inspection Fee _____

12. MECHANICAL FEES

A. \$275.00 Processing Fee _____

B. \$6.50 Per 100 Sq Ft _____

C. \$150.00 Special Inspection Fee _____

13. ELECTRICAL FEES

A. \$275.00 Processing Fee _____

B. \$6.50 Per 100 Sq Ft _____

C. \$150.00 Special Inspection Fee _____

14. SPRINKLER FEES

A. \$275.00 Processing Fee _____

B. \$6.50 Per 100 Sq Ft _____

C. \$150.00 Special Inspection Fee _____

15. FIRE ALARM FEES

A. \$275.00 Processing Fee _____

B. \$6.50 Per Alarm Device _____

C. \$150.00 Special Inspection Fee _____

16. INDUSTRIALIZED UNIT FEES

A. \$200.00 Processing Fee _____

B. \$ 1.75 Per 100 Sq Ft _____

C. \$150.00 Special Inspection Fee _____

17. SUBTOTAL: _____

BOARD OF BUILDING STANDARDS FEE (3%) _____

IF THIS PROJECT IS LOCATED IN THE CITY OF CHILICOTHE ADD 10% ZONING/PLANNING/ENG FEE, CALCULATED FROM SUBTOTAL ABOVE: _____

CITY FEES: _____

TOTAL: _____