

PERMIT # \_\_\_\_\_  
**ROSS COUNTY BUILDING DEPT.**  
**COMMERCIAL APPLICATION**  
**FOR PLAN APPROVAL**

Suite 201, 15 N. Paint Street  
 Chillicothe, OH 45601  
 (740)-773-7200  
 (740)-773-5124 Fax

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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

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# \_\_\_\_\_

4. Type of Construction

5. To Calculate Floor Area

- 1A 1B
- 2A 2B 2C
- 3A 3B
- 4
- 5A 5B

- 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.

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: \$ \_\_\_\_\_

**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!**

7. Submitter's Firm:

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 \_\_\_\_\_

<b>Total Square Feet of All Floors</b> _____
<b>11. STRUCTURAL FEES</b>
A. \$275.00 Processing Fee _____
B. \$10.50 Per 100 Sq Ft _____
C. \$9.50 Per 100 Lineal ft. (Ex: fences) _____
D. \$150.00 Special Inspection Fee _____
<b>12. MECHANICAL FEES</b>
A. \$275.00 Processing Fee _____
B. \$6.50 Per 100 Sq Ft _____
C. \$150.00 Special Inspection Fee _____
<b>13. ELECTRICAL FEES</b>
A. \$275.00 Processing Fee _____
B. \$6.50 Per 100 Sq Ft _____
C. \$150.00 Special Inspection Fee _____
<b>14. SPRINKLER FEES</b>
A. \$275.00 Processing Fee _____
B. \$6.50 Per 100 Sq Ft _____
C. \$150.00 Special Inspection Fee _____
<b>15. FIRE ALARM FEES</b>
A. \$275.00 Processing Fee _____
B. \$6.50 Per Alarm Device _____
C. \$150.00 Special Inspection Fee _____
<b>16. INDUSTRIALIZED UNIT FEES</b>
A. \$200.00 Processing Fee _____
B. \$ 1.75 Per 100 Sq Ft _____
C. \$150.00 Special Inspection Fee _____
<b>17. SUBTOTAL:</b>
<b>BOARD OF BUILDING STANDARDS FEE (3%)</b>
<b>IF THIS PROJECT IS LOCATED IN THE CITY OF CHILLICOTHE ADD 10% ZONING/PLANNING/ENG FEE, CALCULATED FROM SUBTOTAL ABOVE:</b>
<b>CITY FEE:</b> _____
<b>TOTAL:</b> _____