

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
 jillcaplinger@rosscountyohio.gov
 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# _____

<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 center-lines 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: \$ _____

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: _____

ALL FEES ARE NON-REFUNDABLE
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 _____

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 Lineal ft. (Ex: 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 CHILLICOTHE ADD 10% ZONING/PLANNING/ENG FEE, CALCULATED FROM SUBTOTAL ABOVE:
CITY FEE: _____
TOTAL:
