

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

WAVERLY

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

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!

PERMIT# _____

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 per Floor	
A. Basement	E. Additional Floors
B. First Floor	F. # of Alarm devices
C. Mezzanine	G. Total Square Feet
D. Other	

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	_____

16. SUBTOTAL:	_____
BOARD OF BUILDING STANDARDS FEE (3%)	_____
TOTAL:	_____