ROSS COUNTY BUILDING DEPT.

COMMERCIAL APPLICATION FOR PLAN APPROVAL

WAVERLY

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

laurens ny der @ross count yohio. gov

www.rosscountybuilding.com

	FOR EACH BUILDING OR STRUCTURE) SE 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 B.OH Professional Engineer C.OH Sprinkler System Des D.Other	
3. A.Description of job	
B.Is this in an incorporated	Village? □YES □NO
C.Nature of Job Change of Use□ New□ A	Addition□ Alteration□ Chapter 34□
D.Previous Building Permit	#
4. Type of Construction	5. To Calculate Floor Area
□1A □1B □2A □2B □2C	A.Measure to outside walls for dimensions. B.Include supported canopies
□3A □3B □4	as measured from the center- lines of the furthest columns or supports.
□5A □5B	or supports. C.Do not include roofs or canopies which cantilever from building.
6. A.Current OBC Use Group	
	B
C.If building is Use Group F apartments or units.	R1, R2, R3 or R4, specify the number of
D.Cost of work covered by t	this application: \$
and all information contain complete to the best of my	DBC 107.2.5) Owner Agent for the owner med in this application is true, accurate, and knowledge. All official correspondence in the sation should be sent to my attention at the
Signature:	
Printed Name:	
Title:	Date:

ALL FEES ARE NON-REFUNDABLE
MAKE CHECK PAYABLE TO: <u>ROSS COUNTY BUILDING</u>
<u>DEPARTMENT</u> OR PAY ONLINE AT
ROSSCOUNYBUILDING.COM (additional rates apply)
NOTE: ADDITIONAL PLAN REVIEW FEES MAY APPLY!

PE	ERMIT#	
7.Submitter's Firm:		
Submitter's Name:		
Street Address		
City/State	Zip Code	
Telephone No.		
Email		
8.Name of Person Drawin	g Plans:	
Street Address		
City/State	Zip Code	
9.Contractor:		
Street Address		
City/State	Zip Code	
Telephone No.		
10.Street Address of proje	ect	
City/State	Zip Code	
11. Parcel Number of proj	ect location	
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		
12. STR	RUCTURAL FEES	
A .\$275.00 Processing Fee		
B. \$10.50 Per 100 Sq Ft		
C. \$9.50 Per 100 Lineal ft. D. \$150.00 Special Inspect		
A .\$275.00 Processing Fee	CHANICAL FEES	
B. \$6.50 Per 100 Sq Ft		
C. \$150.00 Special Inspect	ion Fee	
14. EL A. \$275.00 Processing Fee	ECTRICAL FEES	
B. \$6.50 Per 100 Sq Ft		
C. \$150.00 Special Inspect	ion Fee	
15. SP	PRINKLER FEES	
A. \$275.00 Processing Fee		
B. \$6.50 Per 100 Sq Ft	ion Egg	
C. \$150.00 Special Inspect		
A. \$275.00 Processing Fee	E ALARM FEES	
B. \$6.50 Per Alarm Device		
C. \$150.00 Special Inspection	on Fee	
17. IND A. \$200.00 Processing Fee	DUSTRIALIZED UNIT FEES	
B. \$ 1.75 Per 100 Sq Ft	· 	
C. \$150.00 Special Inspect	ion Fee	
18. SUBTOTAL:		
BOARD OF BUILDING	G STANDARDS FEE (3%)	
TOTAL:		