

COMMERCIAL APPLICATION

FOR PLAN APPROVAL

GREENFIELD

Suite 201, 15 N. Paint Street
Chillicothe, OH 45601
(740)-773-7200 \* (740)-773-5124 Fax
laurensnyder@rosscountyohio.gov
www.rosscountybuilding.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:

ALL FEES ARE NON-REFUNDABLE
MAKE CHECK PAYABLE TO: ROSS COUNTY BUILDING DEPARTMENT OR PAY ONLINE AT ROSSCOUNYBUILDING.COM (additional rates apply)
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

11. Parcel Number of project location

Total Square Feet of All Floors

12. 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

13. MECHANICAL FEES

- A.\$275.00 Processing Fee
B. \$6.50 Per 100 Sq Ft
C. \$150.00 Special Inspection Fee

14. ELECTRICAL FEES

- A. \$275.00 Processing Fee
B. \$6.50 Per 100 Sq Ft
C. \$150.00 Special Inspection Fee

15. SPRINKLER FEES

- A. \$275.00 Processing Fee
B. \$6.50 Per 100 Sq Ft
C. \$150.00 Special Inspection Fee

16. FIRE ALARM FEES

- A. \$275.00 Processing Fee
B. \$6.50 Per Alarm Device
C. \$150.00 Special Inspection Fee

17. INDUSTRIALIZED UNIT FEES

- A. \$200.00 Processing Fee
B. \$ 1.75 Per 100 Sq Ft
C. \$150.00 Special Inspection Fee

18. 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: