

# ROSS COUNTY BUILDING DEPARTMENT

## APPLICATION FOR WAVERLY RESIDENTIAL PLAN APPROVAL

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

[laurensnyder@rosscountyohio.gov](mailto:laurensnyder@rosscountyohio.gov)

[www.rossplanningandbuilding.com](http://www.rossplanningandbuilding.com)

(SUBMIT ONE APPLICATION FOR EACH BUILDING OR STRUCTURE)  
 PLEASE PRINT OR TYPE BELOW

1. Owner's Name \_\_\_\_\_

Owner's Mailing 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. Nature of Job \_\_\_\_\_

Change of Use  New  Addition  Alteration  Chapter 34

C. Previous Building Permit# \_\_\_\_\_

D. Waverly Zoning Permit Y  N  Floodzone Y  N

4. A. Current OBC Use Group \_\_\_\_\_

B. Proposed OBC Use Group \_\_\_\_\_

R1  R2  R3  R4  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: (ORC 105.3.5)**

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 #5.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE**  
**MAKE CHECK PAYABLE TO: ROSS COUNTY BUILDING DEPARTMENT** OR PAY ONLINE AT  
[ROSSCOUNTYBUILDING.COM](http://ROSSCOUNTYBUILDING.COM) (additional rates apply)

PERMIT # \_\_\_\_\_

5. Submitter's Name: \_\_\_\_\_

Name of Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

6. Name of Person Drawing Plans: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Contractor: \_\_\_\_\_

Contractor Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Street Address of project \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. Parcel Number of project location \_\_\_\_\_

**FEE CALCULATION:**

11. New residential (\$950.00)	_____
12. Remodel/ Addition/ Garage/ Accessory Bldg (\$450.00)	_____
13. Special Inspections _____ (@ \$85.00 each)	_____
<b>14. SUBTOTAL:</b>	_____
BOARD OF BUILDING STANDARDS FEE (1%)	_____
<b>TOTAL: \$</b>	_____

**\*\*NOTE:** The blanket fee includes the following types of inspections (including plan review): temporary electric; footer (crawl space or footer and drains for basement - poured walls); basement slab & floor drains, masonry - anchor bolts, and sill plate; rough frame and roof; rough electric; insulation; HVAC; drywall (before mud); plumbing, final electric, HVAC, framing and final inspection for Certificate of Occupancy. **Blanket fees do not include: re-inspection, after-hours inspection, or temporary occupancy.**

**Any additional inspections will be billed at the rate of \$85.00 per inspection.**