

# APPLICATION FOR CERTIFICATE OF PLAN APPROVAL

- STRUCTURAL AND MECHANICAL
- ELECTRICAL
- SPRINKLERS
- TEMPORARY OCCUPANCY
- SPECIAL INSPECTION

**ENTER NUMBER OF SHEETS IN ONE SET OF YOUR PLANS**

(SUBMIT ONE APPLICATION FOR EACH BUILDING OR STRUCTURE)

PLEASE PRINT OR TYPE

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

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

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

2. Plans Prepared By \_\_\_\_\_ Ohio Registration No. \_\_\_\_\_

A. Ohio Registered Architect

B. Ohio Professional Engineer

C. Ohio Sprinkler System Designer

D. Other

3. A. Exact Address of Project \_\_\_\_\_

B. Nature of Job \_\_\_\_\_

Change of Use  New  Addition  Alteration  Article 32

4. Type of Construction To Calculate Floor Area:

1A  1B A. Measure to outside walls for dimensions

2A  2B

3A  3B B. Include supported canopies as measured

4 from the center-lines of the furthest columns or

5A  5B supports

5. A. Proposed OBC Use Group

A1  A2  A3  A4  A5  B  E  F1  F2  H

11  12  13  M  R1  R2  R3  S1  S2  U

6. Submitter's Name \_\_\_\_\_

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

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

7. Cost of work covered by this application

\$ \_\_\_\_\_

8. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

9. Name of Person Drawing Plans \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

10. Contractor's Name \_\_\_\_\_

Check Appropriate Floor(s)	Total Square Feet per Floor
A. Basement	
B. First Floor	
C. Mezzanine(s)	
D. 2, 3, 4, 5, 6, (Circle No.)	
E. Additional Floors	
F. Total Square Ft. = A+ B+ C+ D	

11. STRUCTURAL FEES

A. \$250.00 Processing Fee	
B. \$9.50 Per 100 Sq. Ft. Fee	
C. \$9.50 per Lineal Ft (Ex. Fences)	
D. \$150.00 Special Inspection	

ELECTRICAL FEES

A. \$250.00 Processing Fee	
B. \$5.75 Per 100 Sq. Ft. Fee	
C. \$5.75 Per Alarm Device	
D. \$150.00 Special Inspection	

MECHANICAL FEES

A. \$250.00 Processing Fee	
B. \$5.75 Per 100 Sq. Ft.	
C. \$5.75 Per Lineal Ft. (Ex. Fences)	
D. \$150.00 Special Inspection	

SPRINKLER FEES

A. \$250.00 Processing Fee	
B. \$5.75 Per 100 Sq. Ft. Fee	
C. \$150.00 Special Inspection	

INDUSTRIALIZED UNIT FEES

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

PLUMBING FEES

PLUMBING PERMITS ISSUED BY THE ROSS CO. BOARD OF HEALTH 475 WESTERN AVE. CHILLICOTHE, OHIO 740-775-1158

	Sub Total =
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12. BUILDING STANDARD (3% Assessment) \_\_\_\_\_

13. Make check or money order payable to: CITY OF CHILLICOTHE, OHIO

	Total	\$
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