

# 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

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Name of Firm

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Street Address

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City Zip Code

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Telephone No.

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2. Plans Prepared By Ohio Registration no.

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A. Ohio Registered Architect

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B. Ohio Professional Engineer

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C. Ohio Sprinkler System Designer

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D. Other

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3. A. Exact Address of Project

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B. Nature of Job

Change of Use  New  Addition  Alteration  Article 32

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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

5A  5B columns or supports

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5. A. Proposed OBBC Use Group

A1  A2  A3  A4  A5  B  E  F1  F2  H

11  12  13  M  R1  R2  R3  S1  S2  U

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6. Submitter's Name

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Name of Firm

---

Street Address

---

City Zip Code

---

Telephone no.

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7. Cost of work covered by this application

\$

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8. Signature of Applicant Date

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9. Name of Person Drawing Plans

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Street Address

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City Zip Code

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Telephone No.

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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	

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11. STRUCTURAL FEES

A. \$200.00 Processing Fee	
B. \$7.50 Per 100 Sq. Ft. Fee	
C. \$7.50 per Lineal Ft (Ex. Fences)	
D. \$100.00 Special Inspection	
ELECTRICAL FEES	
A. \$200.00 Processing Fee	
B. \$4.50 Per 100 Sq. Ft. Fee	
C. \$4.50 Per Alarm Device	
D. \$100.00 Special Inspection	
MECHANICAL FEES	
A. \$200.00 Processing Fee	
B. \$4.50 Per 100 Sq. Ft.	
C. \$4.50 Per Lineal Ft. (Ex. Fences)	
D. \$100.00 Special Inspection	
SPRINKLER FEES	
A. \$200.00 Processing Fee	
B. \$4.50 Per 100 Sq. Ft. Fee	
C. \$100.00 Special Inspection	
INDUSTRIALIZED UNIT FEES	
A. \$150.00 Processing Fee	
B. \$1.30 Per 100 Sq. Ft. Fee	
C. \$100.00 Special Inspection Fee	
PLUMBING FEES	

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

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12. BOARD OF BUILDING STANDARD (3% Assessment)

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

	Sub Total=	
	Total	\$