



Receipt #:	Permit #:	Date Received:
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COMMERCIAL BUILDING APPLICATION

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	Project Address:					
2	Scope (check all that apply)	3	City/Village/Township:	Parcel ID#:		
	<input type="checkbox"/> New Structural / Building	4	Subdivision:	Lot #:		
	<input type="checkbox"/> Interior remodel	5	Is the project located in flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Addition	6	Has this project been approved by the Floodplain Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Electrical	7	Has this project been approved by the local Zoning Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Mechanical	8	Has this project been approved by the Board of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Plumbing	9	Check all that apply: City Water? <input type="checkbox"/> Well? <input type="checkbox"/> Sewer? <input type="checkbox"/> Septic? <input type="checkbox"/>			
	<input type="checkbox"/> Fire Sprinkler	10	Type of project <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Occupancy			
	<input type="checkbox"/> Fire Alarm	11	Cost of work covered by this application: \$			
	<input type="checkbox"/> Kitchen Hood Suppression	12	Were these plans submitted as a result of an Adjudication Order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Kitchen Hood	Has this project been submitted to the local Fire Department?				
	<input type="checkbox"/> Pressure Piping	13	Fire Department:		Date:	
14	Description of Project:					
15	Property Owner:			Attention/Contact:		
Address:		City:		State:		Zip:
Phone:			Email:			
16	Registrant/Designer:			Attention/Contact:		
Address:		City:		State:		Zip:
Phone:			Email:			
17	General Contractor:			Attention/Contact:		
Address:		City:		State:		Zip:
Phone:			Email:			
18	Use Group	Specific Occupancy	Type Of Construction	Area of Work Sq. Ft.		
Commercial fee						
	\$ 150.00	\$ 0.00	\$ 75.00	\$ 6.75	<input type="checkbox"/> \$ 0.00	\$ 231.75
Base Fee \$150 plus \$.23 Sq. Ft. plus C of O \$75.00 plus 3% State Surcharge plus 2.35% Credit Card = Total Fee Due						

I hereby 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. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in

Print Applicant/Owner Name

Applicant/Owner Signature

THE AREA BELOW IS FOR OFFICIAL USE ONLY

24	Intake Person / Date: _____ / ____ / ____		
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan Review In: _____ / ____ / ____	Plan Review Out: _____	Reviewer: _____	
Permit Specialist: _____	Whom contacted: _____	Method: _____	Date _____ / ____ / ____
Plan recommended for approval <input type="checkbox"/> Yes	Signature _____		Date _____ / ____ / ____
Plan Submittal Approved by: _____			Date _____ / ____ / ____
Notes:			