



•COMMERCIAL•

Application for Electrical Inspection, Heating & Ventilating and Certificate of Plan Approval (Submit one application for each building or structure)

Wayne County Building Department

428 West Liberty Street
Wooster, Ohio 44691
330-287-5525

Permit No. _____

1. Owner's Name
Name of Firm
Street Address
City Zip Code
Phone No.

8. Submitter's Name:
Street Address
Zip Code
Phone No.

2. Plans Prepared By (check one)
Ohio Registered Architect
Ohio Professional Engineer
Other
Ohio Registration No.

9. Name of Person Drawing Plans
Street Address
City Zip Code
Phone No.

3. Name of job and description of building - Store, Church, etc.
GEN. #
ELEC. #
HEAT. #
SPRINK. #

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY
Plan Examiner
Approval Date
Received By
Date Received
Make Checks Payable to:
Wayne County Bldg. Dept.
428 West Liberty St.
Wooster, Oh 44691
Fees Received

Nature of Job
Change of Occupancy Addition Alteration New
If addition, alteration, or change of occupancy, provide previous State Building Permit Number

Table with columns: Fee Category, Amount, Total. Rows: BUILDING FEES (\$100.00 per structure/alteration + \$.045 per sq ft), \$55.00 minor building/alteration + \$.045 per sq ft.

4. Type of Construction
1. A B
2. A B C
3. A B
4.
5. A B
5. To calculate Area
A. Measure to outside walls for dimensions.
B. Include supported canopies as measured from the centerlines of the furthest columns or supports
C. Do not include roofs or canopies which cantilever from building

Table with columns: Fee Category, Amount, Total. Rows: ELECTRIC FEES (\$100.00 per structure/alteration + \$.03 per sq ft), \$55.00 minor building/alteration + \$.03 per sq ft.

6. A. OBBC Use Group Classification is: Section No.
A1 A4 B M H1 H4 F1 I1 I4 R1 S1 U
A2 A5 H2 H5 F2 I2 R2 S2 E
A3 H3 I3 R3

Table with columns: Fee Category, Amount, Total. Rows: HEATING & VENTILATING FEES (\$90.00 structure/alteration + \$.03 per sq ft), \$50.00 minor building/alteration + \$.03 per sq ft.

B. If building is Use Group R1 or R2, specify number of units _____

Table with columns: Fee Category, Amount, Total. Rows: SPRINKLER SYSTEM FEES (\$100.00 structure/alteration + \$.04 per sq ft), \$55.00 limited area sprinkler + \$.04 per sq ft.

C. Estimated Construction Costs
Elec. Power Co.

Table with columns: Fee Category, Amount, Total. Rows: INDUSTRIALIZED UNITS (\$100.00 per structure+ \$.03 per sq ft).

Signature of Applicant

Table with columns: Fee Category, Amount, Total. Rows: FIRE PROTECTION SYSTEMS (\$100.00 per structure + \$.025 per sq ft), \$55.00 minor/alteration + \$.025 per sq ft.

7. Job Location Address Date

Location, Landmarks etc.

Table with columns: Fee Category, Amount, Total. Rows: DEMOLITION (\$80.00 per building/ structure).

City Twp. Zip Code

Check Appropriate Floor Total Square Feet Per Floor
A. Basement
B. First Floor
C. 2. 3. 4. 5. 6 (circle no.)
D. Total Sq Ft A + B + C +D

Table with columns: Fee Category, Amount, Total. Rows: PLAN REVIEW FEES (\$80.00 per hour).

Add 3% total fees (Ohio Board of Building Standards Fee) Grand Total \$

Application Approved By _____ (CBO)