

## APPLICATION FOR CERTIFICATE OF PLAN APPROVAL

**THREE (3) SETS OF CONSTRUCTION DOCUMENTS REQUIRED.**  
 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.	
Email	

**2. Plans Prepared By** Ohio Registration No.

A. Ohio Registered Architect	<input type="checkbox"/>
B. Ohio Professional Engineer	<input type="checkbox"/>
C. Ohio Sprinkler System Designer	<input type="checkbox"/>
D. Other	<input type="checkbox"/>

**3. A. Exact Address of Project**

**B. Nature of Job**

Change of Use  New  Addition  Alteration  Article 32

**4. Type of Construction**

<input type="checkbox"/> 1A	<input type="checkbox"/> 2A	<input type="checkbox"/> 3A	<input type="checkbox"/> 4A	<input type="checkbox"/> 5A
<input type="checkbox"/> 1B	<input type="checkbox"/> 2B	<input type="checkbox"/> 3B	<input type="checkbox"/> 5B	

To Calculate Floor Area:

- A. Measure to outside walls for dimensions
- B. Include supported canopies as measured from the center-lines of the furthest columns or 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.	
Email	

**7. Contractor's Name**

Email
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**8. Cost of work covered by this application**

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

**9. Signature of Applicant** Date

**10. Name of Person Drawing Plans**

Street Address	
City	Zip Code
Telephone No.	
Email	

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

**11. STRUCTURAL FEES**

A. \$275.00 Processing Fee	
B. \$10.50 Per 100 Sq. Ft. Fee	
C. \$10.50 per Lineal Ft (Ex. Fences)	
D. \$150.00 Special Inspection	

ELECTRICAL FEES

A. \$275.00 Processing Fee	
B. \$6.50 Per 100 Sq. Ft. Fee	
C. \$6.50 Per Alarm Device	
D. \$150.00 Special Inspection	

MECHANICAL FEES

A. \$275.00 Processing Fee	
B. \$6.50 Per 100 Sq. Ft.	
C. \$6.50 Per Lineal Ft. (Ex. Fences)	
D. \$150.00 Special Inspection	

SPRINKLER FEES

A. \$275.00 Processing Fee	
B. \$6.50 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	

**12. ADD PLUMBING FEES**

**13. Sub Total:**

**14. State of Ohio (Add 3%)**

**15. Sub Total**

**16. Technology Fee** \$ 3.75

**17. Make check or money order payable to:**  
 CITY OF CHILLICOTHE, OHIO TOTAL

# Commercial Permits Only

NAME OF JOB: \_\_\_\_\_ OWNERS NAME: \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_

BUILDING TYPE:    NEW        EXISTING        (CIRCLE ONE)

BUILDING USE: \_\_\_\_\_

NAME OF REGISTERED PLUMBER: \_\_\_\_\_

**PLEASE READ THIS INFORMATION:**

Permits left dormant for more than one year are subject to review and revocation.  
A re-inspection fee of \$103.00 will be assessed whenever a re-inspection is necessary.  
Isometric drawings should be submitted with this application and approved before a permit is issued.  
No portion of any building should be occupied until final air tests and inspections have been made and approved.

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Section 3703-99, inclusive of the Revised Code and the Ohio Administrative Code 4101:2-51.

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

Special Permit - 1-2 fixtures ONLY .....\$158.25

OR Permits requiring three (3) or more fixtures must complete worksheet C.

Plumbing processing fee: \$200.00 .....A \$200.00

Plan evaluation fee: \$200.00 .....B \$200.00

Total fixture count from worksheet C \_\_\_\_\_ X \$20.00 .....C \_\_\_\_\_

Total Plumbing Fees by Totaling Entries A+B+C..... \_\_\_\_\_

**Add Total Fee To Line "12" On Certificate Of Plan Approval Application**

**PLUMBING CONTRACTOR SHALL BE STATE LICENSED AND REGISTERED WITH THE CITY OF CHILLICOTHE**

WORKSHEET C  
 PLUMBING FEE SCHEDULE

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance		Ice Makers		Sinks, Plaster	
Aspirators		Interceptors, Garage/Oil		Sinks, Scullery	
Autopsy Tables, Morgue		Interceptors, Grease		Sinks, Food Prep	
Backflow Devices		Interceptors, Sand		Sinks, Mop	
Bidets		Lavatories		Sinks, Surgical	
Dental Cuspidors		Piping Systems, Sanitary		Sinks, X-Ray	
Dental Lavatories, Chair		Piping Systems, Storm		Sterilizers	
Dilution Sumps		Piping Systems, Water		Sump-Pumps	
Drains, Floor		Sewage/Ejectors		Tubs, Bath	
Drains, Roof Storm		Shampoo Bowls		Tubs, Laundry	
Expansion Tanks		Showers		Urinals	
Fountains, Baptismal		Sinks, Bar		Valves, Pressure Reducer	
Fountains, Drinking		Sinks, Chemical		Valves, Termpering	
Fountains, Soda		Sinks, Clinical		Washers, Automatic	
Fountains, Wash		Sinks, Domestic		Washers, Bed Pan	
Garbage Disposals		Sinks, Floor		Washers, Dish	
Hose Bibbs, Outside		Sinks, Instrument		Washers, Eye (Emergency)	
Hot Water Dispensers		Sinks, Laboratory		Water Closets	
Hydrotherapy Baths		Sinks, Pharmacy		Water Heaters	
TOTAL FIXTURE COUNT					