



Pickaway County Building Department

124 West Franklin Street
Circleville, Ohio 43113
740-477-8282 Fax 740-477-8265
www.pickaway.org

Logged In _____

Plan Review # _____

Sent/Received _____ / _____

APPLICATION FOR COMMERCIAL PLAN APPROVAL

(Submit one application for each building or structure. Please print or type)
(All sections must be completed. 4 sets of plans required)

Scope of Project:

_____ Structural _____ Mechanical _____ Electrical _____ Plumbing _____ Sprinklers _____ Industrialized Unit
_____ Sign _____ Fire Alarm

Parcel Number: _____ Township: _____

Type of Project: ☐ New Building/Structure ☐ Alteration ☐ Addition ☐ Change of Occupancy
☐ Repair/Replacement ☐ Other _____

Name/Description of Project: _____ Project No. _____

Site Address _____ Lot No. _____

City _____ Zip Code _____

Building Owner Name:	Contractor Name:
Address:	Address:
City: State: Zip Code:	City: State: Zip Code:
Phone: _____ Mobile: _____ Fax: _____	Phone: _____ Mobile: _____ Fax: _____
Applicant Name:	Plans Prepared By: _____ <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Sprinkler/Alarm Designer Registration Number: _____
Address:	Address:
City: State: Zip Code:	City: State: Zip Code:
Phone: _____ Mobile: _____ Fax: _____	Phone: _____ Mobile: _____ Fax: _____

CURRENT OBC USE GROUP: _____
PROPOSED OBC USE GROUP: _____
CONSTRUCTION TYPE: ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB

Contact email _____

This application for a building permit is required for your building project. Other permits may be required as well. These include, but are not limited to, zoning; access management (driveway permits); and compliance with the *Special Purpose Flood Damage Resolution for Pickaway County* (in flood hazard areas). You are responsible for determining the applicability and ensuring compliance with regulations related to your project.

All permits will expire after one year of inactivity with this building department.

INITIAL _____

PROJECT COST: \$ _____

Total Square Footage: _____

Total Fee Due: \$ _____ (from worksheets)

☐ Approved ☐ Partial Approval ☐ Correction Letter

I hereby certify that all information contained in this application is true, accurate, and complete to the best of my knowledge.

Signature ☐ Owner ☐ Agent

Date

Plans Examiner _____ Date ____/____/____

Print Name _____

Building Official _____ Date ____/____/____

Processed by: _____ / Counter or Mail

WORKSHEET FOR FEES

**Round up all square footage figures to the next 100 feet

STRUCTURAL FEES		
A. \$250.00 Processing Fee Per Structure		\$
B. \$9.50 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
MECHANICAL FEES		
A. \$250.00 Processing Fee Per Structure		\$
B. \$5.75 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
ELECTRICAL FEES		
A. \$250.00 Processing Fee Per Structure		\$
B. \$5.75 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
D. \$5.75 per Alarm System Device		\$
FIRE PROTECTION		
A. \$250.00 Processing Fee Per Structure		\$
B. \$5.75 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
HOOD SYSTEMS		
A. \$250.00 Processing Fee (Per Hood)		\$
INDUSTRIALIZED UNIT FEES		
A. \$200.00 Processing Fee Per Structure		\$
B. \$1.75 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
These Industrialized Unit fees are only required if you are placing an approved Board of Building Standards Industrialized Unit for the first time. Otherwise, ignore this fee box.)		\$
SIGN FEES		
A. 0 TO 15 Square Feet Sign Area \$40.00		\$
B. Over 15 to 30 Square Feet Sign Area \$100.00		\$
C. Over 30 Square Feet Sign Area \$300.00		\$
D. Multiple signs – use Over 30 Square Feet total area & add \$40.00 per sign		\$
SPECIAL INSPECTIONS		
A. \$150 Certificate of Use & Occupancy Per Structure		\$
OTHER		
A. \$150 Per Item (check all that apply) Electrical _____ Mechanical _____ Plumbing _____ Structural _____		\$
PLAN REVIEW		
A. Preliminary Plan Review (\$100.00 per hour)		\$
PLUMBING FEE (FROM WORKSHEET A)		\$
SUB TOTAL		\$
Board Of Building Standards (BBS) FEE (3% of Sub Total)		\$
Municipal and Township Surcharge, where applicable (10% of Sub Total)		\$
Make Fee Check or Money Order Payable to: Pickaway County Building Department		TOTAL \$

**Square footage figures rounded up to the next 100-square feet as per Section 108.2 of the OBC
Please submit 4 sets of plans**

**ALL PERMIT FEES ARE NON-REFUNDABLE UNLESS AN ERROR WAS
MADE BY THE BUILDING DEPARTMENT**

WORKSHEET A **PLUMBING FEE SCHEDULE**

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

1. Plumbing processing fee: \$250.00 Per Structure\$250.00

2. Total fixture count from above: _____ X \$20.00.....\$ _____

Total Plumbing Fees by totaling entries above***\$ _____

CONTRACTOR - SUBCONTRACTOR INFORMATION

General Contractor _____ **License #** _____

Contractor Address _____

City _____ State _____ Zip _____

Phone # _____ Mobile _____ Fax _____

Contact Person _____

SUBCONTRACTOR INFORMATION (provide list – all subcontractors must be registered before a permit can be issued)

TYPE OF WORK	CONTRACTOR DBA AND/OR NAME	LOCAL REGISTRATION #