



# 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

Parcel Number: \_\_\_\_\_ Township: \_\_\_\_\_

Zoning Permit Obtained:  Yes # \_\_\_\_\_  No Flood Zone:  Yes  No

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 \_\_\_\_\_

<b>Building Owner Name:</b>	<b>Contractor Name:</b>
Address:	Address:
City: State: Zip Code:	City: State: Zip Code:
Phone: _____ Mobile: _____ Fax: _____	Phone: _____ Mobile: _____ Fax: _____
<b>Applicant Name:</b>	<b>Plans Prepared By:</b> _____ <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

PROJECT COST: \$ \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Total Fee Due: \$ \_\_\_\_\_ (from worksheets)

\*\*\*\*\*

Approved  Partial Approval  Correction Letter

Plans Examiner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_  
Print Name

Processed by: \_\_\_\_\_  
Counter or Mail

**WORKSHEET FOR FEES TO BE PAID AT TIME OF SUBMITTAL**

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

<b>STRUCTURAL FEES</b>		
A. \$250.00 Processing Fee Per Structure		\$
B. \$9.50 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
<b>MECHANICAL FEES</b>		
A. \$250.00 Processing Fee Per Structure		\$
B. \$5.75 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
<b>ELECTRICAL FEES</b>		
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		\$
<b>FIRE PROTECTION</b>		
A. \$250.00 Processing Fee Per Structure		\$
B. \$5.75 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft)		\$
<b>HOOD SYSTEMS</b>		
A. \$250.00 Processing Fee (Per Hood)		\$
<b>INDUSTRIALIZED UNIT FEES</b>		
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.)		\$
<b>SIGN FEES</b>		
A. 0 TO 15 Square Feet Sign Area \$60.00		\$
B. Over 15 to 30 Square Feet Sign Area \$150.00		\$
C. Over 30 Square Feet Sign Area \$360.00		\$
D. Multiple signs – use Over 30 Square Feet total area & add \$60.00 per sign		\$
<b>CERTIFICATE OF USE &amp; OCCUPANCY</b>		
A. \$60 Per Structure		\$
<b>OTHER</b>		
A. \$90 Per Item (check all that apply)	Electrical _____ Mechanical _____ Plumbing _____ Structural _____	\$
<b>PLAN REVIEW</b>		
A. Preliminary Plan Review (\$100.00 per hour)		\$
<b>PLUMBING FEE (FROM WORKSHEET A)</b>		
		\$
<b>SUB TOTAL</b>		
		\$
<b>Board Of Building Standards (BBS) FEE (3% of Sub Total)</b>		\$
<b>Municipal and Township Surcharge, where applicable (10% of Sub Total)</b>		\$
<b>Make Fee Check or Money Order Payable to: Pickaway County Building Department</b>	<b>TOTAL</b>	\$

\*\*Square footage figures rounded up to the next 100-square feet as per Section 108.2 of the OBC  
Fees are due at time of submission. **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		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, Tempering	
Fountains, Soda		Sinks, Clinical		Washers, Automatic	
Fountains, Wash		Sinks, Domestic		Washers, Bed Pan	
Garbage Disposals		Sinks, Floor		Washers, Dish	
Hose Bibs, Outside		Sinks, Instrument		Washers, Eye (Emergency)	
Hot Water Dispensers		Sinks, Laboratory		Water Closets	
Hydrotherapy Baths		Sinks, Pharmacy		Water Heaters	
<b>TOTAL FIXTURE COUNT</b>					

1. Plumbing processing fee: \$200.00 Per Structure ..... \$200.00 \_\_\_\_\_

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

Total Plumbing Fees by totaling entries above\*\*\* ..... \$ \_\_\_\_\_

THE CONSTRUCTION DOCUMENTS SUBMITTED TO THE **PICKAWAY COUNTY BUILDING DEPARTMENT** CONTAINING PLANS AND SPECIFICATIONS FOR THE PROJECT KNOW AS

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ARE IN CONFORMANCE WITH THE REQUIREMENTS OF OHIO BUILDING CODE (OBC) AND CHAPTERS 3781 AND 3791 OF THE REVISED CODE.

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SIGNED

DATE

Sworn in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ My commission expires: \_\_\_\_\_

(seal)