

CITY OF MAUMEE VILLAGE OF WHITEHOUSE VILLAGE OF HOLLAND
APPLICATION FOR COMMERCIAL BUILDING PLAN APPROVAL
400 CONANT ST., MAUMEE, OH 43537
419-897-7075 / FAX: 419-897-7182 / INSPECTION@MAUMEE.ORG

This application is submitted for Plan Approval of the following items:

	OBC Use Group Classification is:	Type of Construction:	Total Square Feet per Floor:
STRUCTURAL <input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/>	1A <input type="checkbox"/> 1B <input type="checkbox"/>	A. Basement _____
MECHANICAL <input type="checkbox"/>	11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> M <input type="checkbox"/>	2A <input type="checkbox"/> 2B <input type="checkbox"/>	B. First Floor _____
ELECTRICAL <input type="checkbox"/>	R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> B <input type="checkbox"/>	3A <input type="checkbox"/> 3B <input type="checkbox"/>	C. Add'l Floors _____
PLUMBING <input type="checkbox"/>	E <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> H <input type="checkbox"/> H1 <input type="checkbox"/>	4 <input type="checkbox"/>	D. Total Sq. Ft. _____
HOOD <input type="checkbox"/>	H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/>	5A <input type="checkbox"/> 5B <input type="checkbox"/>	
FOUNDATION <input type="checkbox"/>	S1 <input type="checkbox"/> S2 <input type="checkbox"/> U <input type="checkbox"/>		
MINOR WORK <input type="checkbox"/>			

STREET ADDRESS OF PROJECT: _____

Construction Cost: \$ _____

Nature of Job: New Addition Alteration Change of Use

Description of Work: _____

Owner's Name _____ **Name of Firm** _____

Address _____ **City** _____ **State** _____ **Zip** _____

E-Mail _____

Telephone Number _____

Plans prepared by (check one):

- A. Ohio Registered Architect
- B. Ohio Professional Engineer
- C. Ohio Sprinkler System Designer
- D. Other

Ohio Registration Number:

Name of Person Drawing Plans: _____

Address _____ **City** _____ **State** _____ **Zip** _____

E-Mail _____

Telephone Number _____

Contractor _____

Name of Firm _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

Telephone Number _____

		FEE	COST
Structural Plan Review and Permit	Base Rate:	\$150.00	= _____
	Sq. Ft. _____ x	\$0.15	= _____
Certificate of Occupancy		\$50.00	= _____
Minor Work		\$150.00	= _____
Foundation Plan Review and Permit		\$150.00	= _____
Industrialized Unit Plans	Base Rate:	\$150.00	= _____
	Sq. Ft. _____ x	\$0.013	= _____
Hoods	Type I	\$150.00	= _____
	Type II	\$100.00	= _____
	Other, Hazardous	\$225.00	= _____
Roof Top Solar Array	(Sq. Ft. 0 to 5,000)	Base Rate: \$150.00	= _____
		Sq. Ft. _____ x \$0.15	= _____
	(Sq. Ft. 5,001 to 10,000)	Base Rate: \$300.00	= _____
		Sq. Ft. _____ x \$0.07	= _____
	(Sq. Ft. 10,001 and up)	Base Rate: \$600.00	= _____
		Sq. Ft. _____ x \$0.04	= _____

State of Ohio 3% Surcharge (REQUIRED) = _____

Balance Due \$ _____

ELECTRICAL, PLUMBING and MECHANICAL (HVAC) permits are required to be pulled by Contractor performing the work for the above project AFTER the Building plan has been approved by the CBO. Additional plans or cut sheets will not be required if work was included on the original plans.

SPRINKLER/ALARM permits are required to be pulled by Contractor performing the work for the above project. Separate plans or cut sheets will be required for review and approval by CBO.

The applicant certifies that all information is correct to the best of their knowledge and that pertinent ordinances will be complied with in performing the work for which this permit is issued. A separate check for \$500.00 shall be issued to the city as a Street Cleaning Bond and will be held until the project is over and Certificate of Occupancy has been granted.

Signature of Applicant _____

Title _____ Date _____

PERMIT FEES ARE NOT TRANSFERABLE OR REFUNDABLE

CONTRACTOR'S LIST

Please list the contractors associated with this project. All contractors are required to be registered with our office prior to obtaining permits. If contractors have not been selected this information will be required before permits are issued.

General: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Electrical: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Mechanical: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Concrete: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Excavation: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Drywall: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail : _____
Sprinkler: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____
Fire Alarms: _____ Address; _____ City; _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail _____
Sign: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax; _____ E-mail: _____
Other: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ E-mail: _____