



• 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		7. Job Location Address	
Business Name		Location, Landmarks, etc.	
Street Address		City _____ Twp. _____ Zip Code _____	
City _____ Zip Code _____		8. Submitters's Name	
Phone No. _____		Street Address _____	
2. Plans Prepared By (check one)		City _____ Zip Code _____	
<input type="checkbox"/> Ohio Registered Architect		Phone No. _____	
<input type="checkbox"/> Ohio Professional Engineer		Fax No. _____	
<input type="checkbox"/> Other		Ohio Registration No. _____	
3. Name of job and description of building - Store, Church, etc.		Email _____	
CONTRACTOR		9. Name of Person Drawing Plans	
PHONE		Street Address _____	
General # _____		City _____ Zip Code _____	
Elec. # _____		Phone No. _____	
Heat. # _____		Fax No. _____	
Sprink. # _____		Email _____	
Nature of Job		Signature of Applicant _____ Date _____	
Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New <input type="checkbox"/>			
If addition, alteration, or change of occupancy, provide previous State Building Permit Number _____			
4. Type of Construction		5. To calculate Area	
1. <input type="checkbox"/> A <input type="checkbox"/> B		A. Measure to outside walls for dimensions.	
2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		B. Include supported canopies as measured from the centerlines of the furthest columns or supports	
3. <input type="checkbox"/> A <input type="checkbox"/> B		C. Do not include roofs or canopies which cantilever from building	
4. <input type="checkbox"/>			
5. <input type="checkbox"/> A <input type="checkbox"/> B			
OCCUPANT LOAD: _____			
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			
6. A. OBC Use Group Classification is:		DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY	
Section No. _____		Plan Examiner _____	
A1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> H1 <input type="checkbox"/> H4 <input type="checkbox"/> F1 <input type="checkbox"/> I1 <input type="checkbox"/> I4 <input type="checkbox"/> R1 <input type="checkbox"/> S1 <input type="checkbox"/> U <input type="checkbox"/>		Approval Date _____	
A2 <input type="checkbox"/> A5 <input type="checkbox"/> H2 <input type="checkbox"/> H5 <input type="checkbox"/> F2 <input type="checkbox"/> I2 <input type="checkbox"/> R2 <input type="checkbox"/> S2 <input type="checkbox"/>		Make Checks Payable to: Wayne County Bldg. Dept. 428 West Liberty St. Wooster, Oh 44691	
A3 <input type="checkbox"/> E <input type="checkbox"/> H3 <input type="checkbox"/> I3 <input type="checkbox"/> R3 <input type="checkbox"/>			
B. If building is Use Group R1 or R2, specify number of units _____		Received By _____	
C. Estimated Construction Costs \$ _____		Date Received _____	
Elec. Power Co. _____		CAP _____	
		Zoning _____	
		Application Approved By _____ (CBO)	

BUILDING FEES	
PERMIT #	
\$110.00 per structure/alteration + \$.055 per sq ft	\$
\$65.00 minor building/alteration + \$.055 per sq ft	\$
Total	\$
ELECTRIC FEES	
PERMIT #	
\$110.00 per structure/alteration + \$.035 per sq ft	\$
\$65.00 minor building/alteration + \$.035 per sq ft	\$
\$55.00 service/change	\$
\$55.00 temp. pole	\$
Total	\$
HEATING & VENTILATING FEES	
PERMIT #	
\$100.00 per structure/alteration + \$.035 per sq ft	\$
\$60.00 minor building/alteration + \$.035 per sq ft	\$
Total	\$
SPRINKLER SYSTEM FEES	
PERMIT #	
\$110.00 per structure/alteration + \$.045 per sq ft	\$
\$65.00 limited area sprinkler + \$.045 per sq ft	\$
Total	\$
INDUSTRIALIZED UNITS	
PERMIT #	
\$110.00 per structure + \$.035 per sq ft	\$
Total	\$
FIRE PROTECTION SYSTEMS	
PERMIT #	
\$110.00 per structure + \$.03 per sq ft	\$
\$65.00 minor/alteration + \$.03 per sq ft	\$
Total	\$
CERTIFICATE OF OCCUPANCY	
PERMIT #	
\$80	
Total	\$
DEMOLITION	
PERMIT #	
\$90.00 per building/structure	\$
Total	\$
Add 3% total fees (Ohio Board of Building Standards Fee)	Grand Total \$

PLAN REVIEW FEES	
\$80.00 per hour	\$
Initial review	\$
Resubmittals	\$
Total	\$
RESUBMITTAL FEES	
\$60.00 per document/submittal	\$
Total	\$