



• 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		Email	
3. Name of job and description of building - Store, Church, etc.		9. Name of Person Drawing Plans	
CONTRACTOR		Street Address	
PHONE		City Zip Code	
General #		Phone No.	
Elec. #		Fax No.	
Heat. #		Email	
Sprink. #		Signature of Applicant Date	
Nature of Job			
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:		Section No. _____	
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"/>			
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"/>			
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 _____			
C. Estimated Construction Costs		Elec. Power Co.	
\$ _____			
DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY			
Plan Examiner		Make Checks Payable to: Wayne County Bldg. Dept. 428 West Liberty St. Wooster, Oh 44691	
Approval Date			
Received By			
Date Received			
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	\$	