



• 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		Ohio Registration No.	
<input type="checkbox"/> Ohio Professional Engineer		Phone No.	
<input type="checkbox"/> Other		Fax 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"/>		DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY	
If addition, alteration, or change of occupancy, provide previous State Building Permit Number		Plan Examiner	
4. Type of Construction		Approval Date	
1. <input type="checkbox"/> A <input type="checkbox"/> B		Received By	
2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Date Received	
3. <input type="checkbox"/> A <input type="checkbox"/> B		CAP	
4. <input type="checkbox"/>		Zoning	
5. <input type="checkbox"/> A <input type="checkbox"/> B		Application Approved By _____ (CBO)	
OCCUPANT LOAD: _____		<div style="text-align: right;"> Make Checks Payable to: Wayne County Bldg. Dept. 428 West Liberty St. Wooster, Oh 44691 </div>	
Check Appropriate Floor			
A. Basement			
B. First Floor			
C. 2, 3, 4, 5, 6 (circle no.)			
D. Total Sq. Ft. A + B + C + D			
5. To calculate Area			
A. Measure to outside walls for dimensions.			
B. Include supported canopies as measured from the centerlines of the furthest columns or supports			
C. Do not include roofs or canopies which cantilever from building			
Total Square Feet Per Floor			
6. A. OBC Use Group Classification is:			
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"/>			
Section No. _____			
B. If building is Use Group R1 or R2, specify number of units _____			
C. Estimated Construction Costs			
\$ _____		Elec. Power Co. _____	