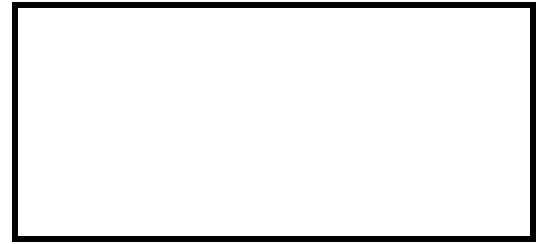


# DELAWARE COUNTY BUILDING SAFETY

## NON-RESIDENTIAL

### APPLICATION FOR PLAN APPROVAL AND PERMIT



Project Name: \_\_\_\_\_

Parcel # \_\_\_\_\_

Date: \_\_\_\_\_

Office use: Permit #: \_\_\_\_\_

Is this submittal a revision to approved plans? Yes No If Yes, Provide permit # \_\_\_\_\_

DESC/drainage approval # \_\_\_\_\_ Zoning approval # \_\_\_\_\_ Soil and water approval # \_\_\_\_\_

Fire Department Approval #: \_\_\_\_\_ Statement of special inspections required: Yes No (If Yes, attach.)  
(Above required before issuance of Permit)

Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Design Professional: \_\_\_\_\_

Ohio License #: \_\_\_\_\_

Contractor: \_\_\_\_\_

Ohio License #: \_\_\_\_\_

#### Project Site Information:

Certified address: \_\_\_\_\_

City/Village: \_\_\_\_\_

Zip code: \_\_\_\_\_

Township: \_\_\_\_\_

Project contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

---

---

#### Construction Type: (Circle one)

1A 1B 2A 2B 3A 3B 4 5A 5B

#### Proposed Use Group: (circle all that apply)

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5  
I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U

#### Current Use Group: (Circle all that apply)

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5  
I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U

Mixed use: separated non-separated

Certificate of Occupancy requested: Yes No

Fire Supression: Yes No If Yes, is it Existing or New: \_\_\_\_\_

Fire Protection: Yes No If Yes, is it Existing or New: \_\_\_\_\_

# DELAWARE COUNTY BUILDING SAFETY

## Type of work:

New Build      Addition      Alteration      Tent      Relocation      Tenant finish  
Demo      Foundation only      Temp Struct.      Shell      Other: \_\_\_\_\_

Project/Work description: \_\_\_\_\_

Structure Square footage: (must be provided in order to process application)

Basement(s): \_\_\_\_\_ sf      Garage: \_\_\_\_\_ sf      Mezzanine: \_\_\_\_\_ sf  
First floor: \_\_\_\_\_ sf      Deck: \_\_\_\_\_ sf      Accessory Structure: \_\_\_\_\_ sf  
Second floor: \_\_\_\_\_ sf      Patio: \_\_\_\_\_ sf      Parking Garage: \_\_\_\_\_ sf  
Third floor: \_\_\_\_\_ sf      Tent: \_\_\_\_\_ sf      Other(explain): \_\_\_\_\_  
Additional Floor(s): \_\_\_\_\_

## Project Totals

Total Project: \_\_\_\_\_ sf      Area of Work: \_\_\_\_\_ sf      Estimated Project Cost: \$ \_\_\_\_\_

Do Floodplain regulations apply?    Yes    No    if Yes, flood plain application required

### **Electrical**

Name: \_\_\_\_\_      Ohio License # \_\_\_\_\_  
Email: \_\_\_\_\_      Phone number: \_\_\_\_\_

Scope of work: \_\_\_\_\_

(circle all that apply)

Permanent service:    < 401 amp    > 400 amp    > 599 amp    Temporary Service    Low Voltage  
Devices    Baseboard heat(s) how many \_\_\_\_\_    sub panel(s) how many \_\_\_\_\_ & size(s) \_\_\_\_\_ (amps)  
Generator:    Yes    No    If Yes, Size & Type of fuel \_\_\_\_\_  
other(explain): \_\_\_\_\_

### **Mechanical**

Name: \_\_\_\_\_      Ohio License # \_\_\_\_\_  
Email: \_\_\_\_\_      Phone number: \_\_\_\_\_

Scope of work: \_\_\_\_\_

Heating system: (circle all that apply)

New    Replacement    Conversion    Furnace(s) how many \_\_\_\_\_    Type of fuel \_\_\_\_\_  
Air Handlers    Hot water boilers    Roof top units    A.C. unit(s) how many \_\_\_\_\_    unit heaters  
Infra-red radiant heaters    Pre-fab fireplace(s) how many \_\_\_\_\_    Refrigeration    Ray board  
ceiling cable    grease hood(s) how many \_\_\_\_\_    duct work only, total runs \_\_\_\_\_

continued

# DELAWARE COUNTY BUILDING SAFETY

## Fuel Gas

Name: \_\_\_\_\_ Ohio License # \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Scope of work: \_\_\_\_\_

Appliances: (circle all that apply)

Furnace      water heater      cook top      clothes dryer      Pre fab fireplace      Range      Log lighte  
Gas grill      Manufactured appliance      other: \_\_\_\_\_

## Fire Protection

Name: \_\_\_\_\_ Ohio License # \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Scope of work: \_\_\_\_\_

Fire alarm system Yes      No      Number of stations: existing \_\_\_\_\_ proposed \_\_\_\_\_  
Detector system Yes      No      Number of detectors: existing \_\_\_\_\_ proposed \_\_\_\_\_  
**Detector types/count**      Fire detection system Yes      No      Audio/visual, how many \_\_\_\_\_  
smoke detector(s) \_\_\_\_\_ Heat detector(s) \_\_\_\_\_ Fire detector(s) \_\_\_\_\_ Duct detector(s) \_\_\_\_\_  
ceiling cable      grease hood(s) how many \_\_\_\_\_      duct work only, total runs \_\_\_\_\_

## Fire Supression

Name: \_\_\_\_\_ Ohio License # \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Scope of work: \_\_\_\_\_

Required supression system Yes      No      system demand \_\_\_\_\_ gpm  
storage config/aisle width: \_\_\_\_\_ Number of detectors: existing \_\_\_\_\_ proposed \_\_\_\_\_  
**Hazard classification:** light      Ord 1      Ord 2      Ex. 1      Ex. 2      Other: \_\_\_\_\_  
Fire alarm system Yes      No      Number of stations: existing \_\_\_\_\_ proposed \_\_\_\_\_  
Sprinklers Yes      No      Number of heads: existing \_\_\_\_\_ proposed \_\_\_\_\_  
Standpipe(s) how many \_\_\_\_\_ Kitchen hood Yes      No if Yes, # of heads \_\_\_\_\_  
Fire Pump: Yes      No      If Yes, Size \_\_\_\_\_

\* I hereby certify the above information is correct and that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as the owners agent and agree to conform to the regulations and all applicable codes and laws of the State of Ohio and Delaware county, including the Department of Building Safety virtual inspection program \*

\_\_\_\_\_  
Signature of Owner/Owner Agent      Print Name      Phone number

\*Office use below\*

Additional permits required:

Type 1 or 2 Hood      Fire Protection      HVAC      Site Lighting      Refrigeration  
Hood supression      UG Fire line      Electrical      Signs      Other: \_\_\_\_\_  
Gas line      Fire Supression      Low Voltage      Swim. Pool      \_\_\_\_\_

notes: \_\_\_\_\_