

DELAWARE COUNTY BUILDING SAFETY
APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL AND

3/25/2025

Date _____ Permit Number _____

Project Name _____

Project Address _____

Parcel Number _____ City/Village _____

Zip Code _____ Township _____

Do floodplain regulations apply? (circle one) Yes No

Architect/Designer/Engineer _____ Email _____

Contractor _____ Phone Number (____) _____

Email _____

Site Contact/ Applicant _____ Phone Number (____) _____

Email _____

Use Group (Proposed)

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

Construction Type (Proposed)

Circle one

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

Type of Work

Circle One

New Addition Foundation Only Alteration Tenant Finish Demo Moving

Temporary Structure Tent Other _____ Number of Living Units _____

Change of Use From _____ To _____ **Mixed Use** Circle One Separated Non-Separated

Certificate of Occupancy Requested Circle One Yes No

Building Size

Basement _____ Sq.Ft.	Garage _____ Sq.Ft.	Tent _____ Sq.Ft.
First Floor _____ Sq.Ft.	Patio _____ Sq.Ft.	
Second Floor _____ Sq.Ft.	Mezzanines _____ Sq.Ft.	Total _____ Sq.Ft.
Third Floor _____ Sq.Ft.	Deck(s) _____ Sq.Ft.	Area of Work _____ Sq.Ft.

Construction Cost \$ _____

Brief description of work to be done

DELAWARE COUNTY BUILDING SAFETY
APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL AND

Please circle trade below that you are applying for and add any other pertinent information.

Electric

Circle all that apply

Permanent Service Temporary Service Low Voltage Alterations
Generator (size and type of fuel) _____
Other _____
Service Provider AEP Consolidated Ohio Edison AES Union Rural Electric
Other _____

Mechanical

Heating System (circle all that apply) New Replacement
Please indicate the number of units: Furnace _____ Roof Top Units _____
Unit Heaters _____ Refrigeration _____ Grease Hood _____
Other _____

Fuel Gas

Circle all that apply

Furnace Water Heater Pre-Fab Fireplace Gas Grill
Other _____

Fire Protection

Indicate the number of each

Stations _____ Detectors _____ Smoke Detectors _____
Heat Detectors _____ Duct Detectors _____
Audio/Visual _____ Fire Detectors _____
Other _____

Fire Suppression

GPM _____ Proposed Number of Heads _____ Kitchen Hood _____
Hazard Classification (circle all that apply) Light Ordinary 1 Ordinary 2
Extra 1 Extra 2
Other _____

*I hereby certify all information provided 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 owner's 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/Agent _____ **Phone Number** (_____) _____

Delaware County Building Safety Commercial Inspection Checklist

Please mark each inspection that you will need for your permit.

*You may be required to have inspections that are not on this list. There are inspections on this list that you will not be required to have.

Structural:

- Above Ceiling
- Demolition
- Final
- Footing
- Footing (Post Hole)
- Footing Piers
- Foundation Wall
- Insulation
- Masonry Fireplace
- Monolithic Foundation Slab
- Occupancy
- Sign
- Slab
- Structural (Framing)

Fire Protection & Fire Suppression:

- Duct Detectors
- Fire Protection Final
- Fire Protection Rough
- Fire Rated Assembly
- Fire Shutters
- Fire Suppression Final
- Fire Suppression Rough
- Flow Tamper
- Hood

Electric:

- Final
- Low Voltage
- Permanent Service
- Rough
- Rough & Service
- Rough Ceiling
- Rough Wall
- Sign (Electric to sign)
- Temporary Service
- Trench
- Ufer Ground
- Under Slab
- Pool Bottom Bond
- Pool Light Conduit
- Pool Top Bond

Mechanical:

- Gas Final
- Gas Rough
- Gas Trench
- HVAC Final
- HVAC Rough (Pre-fab fireplace will be inspected during this inspection.)

Please list any other inspections you may need that are not listed above: _____

Provide any other significant information in regards to inspections: _____
