



COMMERCIAL APPLICATION FOR ZONING AND BUILDING PLAN APPROVAL

Perkins Township Community Development

2610 Columbus Avenue, Perkins Township, OH 44870

This form is also available at www.perkinstownship.com

Submit one application per building or structure. All sections must be completed. See instruction sheet for details.

1 SCOPE OF PROJECT: (OBC 107.2.1) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Building General <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical</div><div><input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Plumbing</div></div>	2 TYPE OF PROJECT: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O</div></div>	3 PHASED PLAN REVIEW: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Foundation</div></div>
4 APPLICATION RELATED INFORMATION: <div style="margin-top: 5px;"><input type="checkbox"/> Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the preliminary plan review number: _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____</div>		
5 PROJECT/BUILDING LOCATION: (OBC 107.2) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Building Name _____</div><div>Street Address _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Parcel # _____</div><div>Lot # _____</div><div>Zoning District _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Business Name _____</div><div>Unit Number _____</div></div> <div style="margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Is this project/building located in a flood plain?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>N/A</div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Has flood plain administrator been contacted for requirements?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>N/A</div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Has this project/building received Zoning Approval?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>N/A</div></div></div>		
6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2) <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>		
7 BUILDING/PROPERTY OWNER INFORMATION: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Name of owner _____</div><div>Attention: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Street Address _____</div><div>City _____</div><div>State _____</div><div>Zip _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Phone No. _____</div><div>Fax _____</div><div>E-mail _____</div></div>		
8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Applicant _____</div><div>Attention: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Street Address _____</div><div>City _____</div><div>State _____</div><div>Zip _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Phone No. _____</div><div>Fax _____</div><div>E-mail _____</div></div>		
9 REGISTERED DESIGN PROFESSIONAL INFORMATION: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire protection system designer (OBC 107.4.4) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Designer _____</div><div>Registration /Certificate No.: _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Street Address _____</div><div>City _____</div><div>State _____</div><div>Zip _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Phone No. _____</div><div>Fax _____</div><div>E-mail _____</div></div>		
10 BUILDING CODE INFORMATION: (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Current use group(s) _____</div><div>Current use group(s) _____</div><div>Current use group(s) _____</div></div> <div style="margin-top: 5px;">Occupancy Description: _____</div>		

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11	GENERAL BUILDING INFORMATION: (The following information applies to the <i>entire building</i> , not just construction area.) (OBC 107.2) ■ Building Information: Use group(s)? _____ Mixed use groups? ____ No ____ Yes ____ Separated ____ Non-separated Construction type? _____ Building height (FT)? _____ No. of stories? _____ Occupant load? _____ Storage height (FT)? _____ Storage aisle width (FT)? _____ ■ List USE GROUP below for mixed use building. ■ List Occupancy Type for associated use group below. <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">■ _____</td><td style="width: 50%; border: none;">■ _____</td></tr><tr><td style="border: none;">■ _____</td><td style="border: none;">■ _____</td></tr><tr><td style="border: none;">■ _____</td><td style="border: none;">■ _____</td></tr><tr><td style="border: none;">■ _____</td><td style="border: none;">■ _____</td></tr><tr><td style="border: none;">■ _____</td><td style="border: none;">■ _____</td></tr></table> ■ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable) Building sprinkler system? _____ Sprinkler demand @ base of riser (PSI)? _____ Limited area sprinkler system? _____ Type 1 hood suppression? _____ In-Rack sprinkler system? _____ Building fire alarm system? _____ Fire detection system? _____ Smoke detection system? _____	■ _____	■ _____	■ _____	■ _____	■ _____	■ _____	■ _____	■ _____	■ _____	■ _____
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■ _____	■ _____										
■ _____	■ _____										
■ _____	■ _____										
■ _____	■ _____										

12	FEES TO BE PAID Total fees due: (from Worksheet For Fees to be Paid) \$ _____ Total value of construction: \$ _____ Square Footage: Structural: _____ Electric: _____ Mechanical: _____ Sprinkler: _____ I.U.: _____ # of alarm devices: _____ Phased plan approval: _____ Fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Make checks payable to: <u>Perkins Township</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Transactions paid using a credit or debit card shall be subject to a non-refundable convenience fee equal to five percent (5%) of the amount of the transaction to be added to the total amount otherwise to be paid.</div>
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%; text-align: center; vertical-align: top;">13</td><td style="width: 95%;">CERTIFICATION: (OBC 107.2) I certify that I am the _____ Owner _____ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. Signature _____ Print Name: _____ Date _____</td></tr></table>	13	CERTIFICATION: (OBC 107.2) I certify that I am the _____ Owner _____ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. Signature _____ Print Name: _____ Date _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%; text-align: center; vertical-align: top;">14</td><td style="width: 95%;">THE AREA BELOW IS FOR OFFICIAL USE ONLY: Date received _____ Appl. No.: _____ Check No.: _____ Reviewer _____ Processed by: _____ Walk in _____ Mail in _____</td></tr></table>	14	THE AREA BELOW IS FOR OFFICIAL USE ONLY: Date received _____ Appl. No.: _____ Check No.: _____ Reviewer _____ Processed by: _____ Walk in _____ Mail in _____
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14	THE AREA BELOW IS FOR OFFICIAL USE ONLY: Date received _____ Appl. No.: _____ Check No.: _____ Reviewer _____ Processed by: _____ Walk in _____ Mail in _____				

"An Equal Opportunity Employer and Service Provider"

INSPECTION INFORMATION

Please see the inspection information sheet regarding the number of inspections provided per scope of work, re-inspection fees and changes after final approval.

CONTRACTOR INFORMATION

All contractors shall be registered with Perkins Township per Resolution. Permit fees may be paid by the submitter, and permits will be issued to the appropriate registered contractor. **A list of all contractors working on this project is required to be submitted prior to start of work.**

Work started prior to permit being obtained is subject to a 100% penalty.

OTHER AGENCIES

Please see the "Agencies you may need to contact for construction projects" sheet for contact information for Driveway, Storm Water Drainage, Conservation District, Excavation and Utilities, Water & Sewer, Health Department, EPA, and ODOT from which you may need approvals from prior to starting construction. There may be other agencies not listed that you will be required to contact.

COMMERCIAL APPLICATION FOR ZONING AND BUILDING PLAN APPROVAL FEES TO BE PAID WORKSHEET

** Round up all square footage figures to the next 100 square feet.

Building General Fees	
A. \$150.00 Per Hour Plan Review (1hr min)	
B. \$275.00 processing fee	
C. \$10.50 per 100 Square Feet** (Ex. If 103 sq. ft., round to 200 sq. ft.)	
D. \$10.50 per 100 Linear Feet ** (Ex. If 103 lineal ft., round to 200 l.f.)	
E. \$65.00 Certificate of Use and Occupancy – OBC Section 111	
Total Structural Fees	
Mechanical Fees	
A. \$275.00 processing fee	
B. \$6.50 per 100 square feet** (Ex. If 103 sq. ft., round to 200 sq. ft.)	
Total Mechanical Fees	
Electrical Fees	
A. \$275.00 processing fee	
B. \$6.50 per 100 Square Feet** (Ex. If 103 sq. ft., round to 200 sq. ft.)	
C. \$6.50 per 100 Linear Feet ** (Ex. If 103 l.f., round to 200 l.f.)	
Total Electrical Fees	
Fire Alarm Fees	
A. \$275.00 processing fee	
B. \$6.50 per Alarm Device	
Total Fire Alarm Fees	
Sprinkler System Fees (Including Hood Fire Suppression)	
A. \$275.00 processing fee	
B. \$6.50 per 100 Square Feet** (Ex. If 103 sq. ft. round to 200 sq. ft.)	
Total Sprinkler Fees	
Industrialized Unit Fees	
A. \$200.00 processing fee	
B. \$1.75 per 100 Square Feet** (Ex. If 103 sq. ft. round to 200 sq. ft. These Industrialized Unit fees are only required if you are placing an approved Board of Building Standards Industrialized Unit at a commercial or industrial site for the first time. Otherwise, ignore this fee.)	
Total Industrialized Unit Fees	
Phased Plan Approval Fees	
A. \$250.00 processing fee – due if the complete set of construction drawings is not provided at the initial submission. (Charged for each submission.)	
Total Phased Plan Approval Fees	
Subtotal Building Fees	
3% of Building Fees	
Grand Total Building Fees	
Zoning	
New Construction \$200.00	
Alteration (No change of use) \$25.00	
Addition (No change of use) \$100.00	
Accessory Building \$75.00	
Fence \$35.00	
Total Zoning Fee	
TOTAL ALL SECTIONS (transfer this amount to Total Fees to be Paid on page 2)	
If paying by Credit Card or Debit Card: Add 5% convenience fee to the "TOTAL ALL SECTIONS" amount.	
Plumbing – Contact Erie County General Health District - email: plumbing@eriecohealthohio.org Telephone: 419-626-5623 ext. 209	

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DIRECTIONS FOR COMPLETING

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-01, pursuant to Ohio Revised Code (ORC) Section 3791.04, before beginning the construction, erection or manufacture of any building for which construction documents are required, the owner shall submit 2 hard copies and one electronic of construction drawings to this division for approval. The construction documents shall be accompanied with the application form and attached (scope / fees) worksheets. The construction documents shall be prepared by a registered design professional pursuant to OAC 4101:1-1-01. An examination and inspection fee will be assessed at the time of submittal as outlined in OAC 4101:1-1-01.

Application Directions: Complete all pages of the application and attached worksheets as outlined below. All boxes, 1 through 14, must be completed in full or the application will be returned. Send this completed form along with all required documents to "Perkins Township Building Department, 2610 Columbus Avenue, Sandusky, Ohio 44870.

1. **SCOPE OF PROJECT:** Check all the boxes that apply to the scope of work proposed in this project. Every scope of work checked must be accompanied with the appropriate fees. Without establishing the proper scope of work, the division will be unable to establish the inspection schedule for the project. Please note that "**Building General**" refers to **all "general trade" work** in the building including ceiling panels/grids, non-loadbearing partitions, flooring, etc.; NOT just structural loadbearing components of the building.
2. **TYPE OF PROJECT:** Check one of the types of projects from the list.
3. **PHASED PLAN REVIEW:** If you are applying for a phased plan approval, check all phases of the plan reviews that are applicable to this project. The plans examiner will review your plans according to the phased schedule. If you are not applying for a phased plan review, leave all boxes blank. A *Worksheet for Phased Plan Approval* must be attached.
4. **APPLICATION RELATED INFORMATION:** Answer each of the questions in this block and provide additional information accordingly. Complete answers to the questions will help the division process and review the project accurately.
5. **PROJECT/BUILDING LOCATION:** Please provide complete information identifying the location of the building where the construction or renovation will occur. Indicate building name (if applicable), street address, parcel #, lot #, zoning district, and business name and unit number.
6. **BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:** Please provide a brief description of the scope of work. Please include the names of the areas or rooms affected by the construction when only a portion of building is covered under the permit application. The description provided will be shown on your certificate of use and occupancy.
7. **BUILDING OWNER INFORMATION:** Please provide complete answers to each item. If the building is owned by a corporation, please provide the name of the corporation and identify a contact person in the section called "Attention."
8. **APPLICANT INFORMATION:** Provide complete information. All project correspondences will be directed to the project applicant.
9. **DESIGNER INFORMATION:** Section 106.2 of the Ohio Building Code requires that the design professional be identified including the design professional's Ohio registration number.
10. **BUILDING CODE INFORMATION:** Information provided applies to the construction area in a mixed use groups building, or the entire building if it is a single use group building. For change of occupancy, the term "Current use group" refers to the approved use group under the previous occupancy. For information concerning the term "Proposed use group", please refer to Chapters 3 and 6 of Ohio Building Code for the proper classification.
11. **GENERAL BUILDING INFORMATION:** The information provided applies to the entire building and is not limited to the construction area. Even when the proposed project is a partial building renovation or a building addition, the information for the entire building is required. The information provided will be shown on your certificate of use and occupancy in accordance with section 111 of the Ohio Building Code.
12. **APPLICATION FEES:** Please check one of the preferred payment methods and provide the square footage or linear footage of the areas affected by the construction. Please refer to the Fees Worksheet on page 3.
13. **CERTIFICATION:** The application cannot be processed if this section is not complete.
14. **OFFICE USE ONLY:** This section is reserved for our office use only. Please do not mark in this area.

Once the plans have been examined and approved, a Certificate of Plan Approval will be issued to the owner along with one set of construction documents. The set of construction documents must remain at the job site at all times during construction pursuant to OAC 4101:1-1-01. Inspections can be obtained from the Perkins Township Building Department by calling our office at least one day prior to the inspection. The office phone number is 419-609-1435; calls must be received by 2:00 p.m. for a next day inspection. Once all inspections have been obtained a final Certificate of Occupancy will be issued pursuant to OAC 4101:1-1-01.