

# New Boston, Ohio

**3980 Rhodes Ave.  
New Boston, OH 45662  
(740) 456.4103**

**Logged In:** \_\_\_\_\_  
**Plan Review #** \_\_\_\_\_  
**Sent/Received** \_\_\_\_\_ / \_\_\_\_\_

**APPLICATION FOR COMMERCIAL PLAN APPROVAL**  
(Submit one application for each building or structure. Please print or type)  
(All sections must be completed. 4 sets of plans required)

**Scope of Project:**  
 Structural     Mechanical     Electrical     Plumbing     Sprinklers     Industrialized Unit  
 Sign     Fire Alarm

**Parcel Number:** \_\_\_\_\_ **Township:** \_\_\_\_\_  
**Zoning Permit Obtained:**  Yes # \_\_\_\_\_  No    **Flood Zone:**  Yes  No

**Type of Project:**     New Building/Structure     Alteration     Addition     Change of Occupancy  
 Repair/Replacement     Other \_\_\_\_\_

**Name/Description of Project:** \_\_\_\_\_ **Project No.** \_\_\_\_\_

**Site Address** \_\_\_\_\_ **Lot No.** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

<b>Building Owner Name:</b>	<b>Contractor Name:</b>
Address:	Address:
City:                      State:      Zip Code:	City:                      State:      Zip Code:
Phone: _____ Mobile: _____ Fax: _____	Phone: _____ Mobile: _____ Fax: _____
<b>Applicant Name:</b>	<b>Plans Prepared By:</b> _____ <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Sprinkler/Alarm Designer Registration Number: _____
Address:	Address:
City:                      State:      Zip Code:	City:                      State:      Zip Code:
Phone: _____ Mobile: _____ Fax: _____	Phone: _____ Mobile: _____ Fax: _____

CURRENT OBC USE GROUP: \_\_\_\_\_                      Contact email \_\_\_\_\_  
 PROPOSED OBC USE GROUP: \_\_\_\_\_  
 CONSTRUCTION TYPE:  IA     IB     IIA     IIB     IIIA     IIIB     IV     VA     VB

This application for a building permit is required for your building project. Other permits may be required as well. These include, but are not limited to zoning, Board of Health, etc... You are responsible for compliance with all local and state regulations related to your project. All permits will expire after one year of inactivity with this building department.

PROJECT COST: \$ \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Total Fee Due: \$ \_\_\_\_\_ (from worksheets)

I hereby certify that all information contained in this application is true, accurate, and complete to the best of my knowledge.

Signature  Owner     Agent                      \_\_\_\_\_ / /  
 Date

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## FEES TO BE PAID

### STRUCTURAL FEES:

- A. \$275 PROCESSING FEE
- B. \$10.50 PER 100 SQ FT
- C. \$150/PER HOUR FOR SPECIAL INSPECTION

### MECHANICAL FEES:

- A. \$275 PROCESSING FEE
- B. \$6.50 PER 100 SQ FT
- C. \$150/PER HOUR FOR SPECIAL INSPECTION / MINIMUM 3 HOURS

### ELECTRICAL FEES:

- A. \$275 PROCESSING FEE
- B. \$6.50 PER 100 SQ FT/LINEAL
- C. \$150/PER HOUR FOR SPECIAL INSPECTION

### SPRINKLER FEES:

- A. \$275 PROCESSING FEE
- B. \$6.50 PER 100 SQ FT
- C. \$150/PER HOUR FOR SPECIAL INSPECTION

### FIRE ALARM FEES:

- A. \$275 PROCESSING FEE
- B. \$6.50 PER ALARM DEVICE
- C. \$150/PER HOUR FOR SPECIAL INSPECTION

ALL FEES MUST BE PAID IN FULL PRIOR TO OBTAINING A FINAL CERTIFICATE OF OCCUPANCY

PLUMBING FEES: SEE NEXT PAGE

PLUMBING FEES TOTAL

TOTAL FEES:

ESTIMATED PLAN REVIEW FEES AT \$75/HOUR

ADDITIONAL CBO CONSULTATION IN NEEDED \$100/PER HOUR FEES

3% REQUIRED STATE FEE

ESTIMATED TOTAL

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**PLUMBING FIXTURES AND FEES WORK SHEET:**

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Ice Makers		Sinks, Plaster	
Aspirators		Interceptors, Garage/Oil		Sinks, Scullery	
Autopsy Tables, Morgue		Interceptors, Grease		Sinks, Food Prep	
Backflow Devices		Interceptors		Sinks, Mop	
Bidets		Lavatories		Sinks, Surgical	
Dental Cuspidors		Piping Systems, Sanitary		Sinks, X-Ray	
Dental Lavatories, Chair		Piping Systems, Storm		Sterilizers	
Dilution Sumps		Piping Systems, Water		Sump-Pumps	
Drains, Floor		Sewage/Ejectors		Tubs, Bath	
Drains, Roof Storm		Shampoo Bowls		Tubs, Laundry	
Expansion Tanks		Showers		Urinals	
Fountains, Baptismal		Sinks, Bar		Valves, Pressure Reducer	
Fountains, Drinking		Sinks, Chemical		Valves, Tempering	
Fountains, Soda		Sinks, Clinical		Washers, Automatic	
Fountains, Wash		Sinks, Domestic		Washers, Bed Pan	
Garbage Disposals		Sinks, Floor		Washers, Dish	
Hose Bibbs, Outside		Sinks, Instrument		Washers, Eye (Emergency)	
Hot Water Dispensers		Sinks, Laboratory		Water Closets	
Hydrotherapy Baths		Sinks, Pharmacy		Water Heaters	
<b>TOTAL FIXTURE COUNT:</b>					

**PLUMBING PROCESSING FEE: \$275.00**

**\$150/PER HOUR FOR SPECIAL INSPECTION/MINIMUM 3 HOURS**

**TOTAL FIXTURE COUNT FROM ABOVE: \_\_\_\_\_ X \$20.00**

**ESTIMATED PLUMBING PLAN EVALUATION FEE AT \$75/HOUR:**

**TOTAL PLUMBING FEES BY TOTALING ENTRIES FROM ABOVE:**

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_  
 BUILDING OFFICIAL \_\_\_\_\_

CHECK NO. \_\_\_\_\_