

STARK COUNTY COMMERCIAL PLAN REVIEW APPLICATION

BUILDING INSPECTION DEPT., 7235 Whipple Ave NW Ste A N. CANTON OH 44720

330-451-1770 FAX: 330-491-8373 buildingdept@starkcountyohio.gov Office Hours: 8:00am – 4:00pm (M-F)



PROJECT ADDRESS

PLEASE INCLUDE ADDRESS DIRECTION (N, S, E, W, ETC), CITY, ZIP

New addresses for commercial property can be obtained by calling House numbering 330-451-7843.

Applicant is responsible to verify that the job location is in the jurisdiction of Stark County Building Dept.

NO REFUNDS WILL BE ISSUED.

TOWNSHIP _____

ADJUDICATION NO. _____

APPLICATION NO. _____

ORIGINAL SUBMITTAL
DATE _____

APPYING FOR:

___ BUILDING ___ ELECTRICAL ___ MECHANICAL ___ FIRE ALARM # ___ Panels # ___ Devices ___ SPRINKLER/FIRE SUPPRESSION
___ HOOD ___ FIRE SUPPRESSION FOR HOOD ___ REFRIGERATION ___ WALL SIGN(S) ___ FREE STANDING SIGN(S)
___ ROOF REPLACEMENT ONLY ___ OTHER _____

****PLUMBING REVIEW THROUGH THE HEALTH DEPT. 330-493-9904****

FOR BETTER SERVICE PLEASE FILL OUT COMPLETELY AND PLEASE PRINT OR TYPE

TO BE COMPLETED IN ITS ENTIRETY BY APPLICANT (AGENT OR OWNER)

Professional Designer (Author of drawings)

Name of Design Professional _____

Address _____

City, State, & Zip _____

Phone () _____ Fax () _____

Email (please provide) _____

Ohio Registered Architect or Engineer No. _____

Other Registered Number _____

Owner's Agent (Contractor-Architect-Engineer-Occupant)

Name _____

Responsibility to Owner _____

Address _____

City, State, & Zip _____

Phone () _____ Fax () _____

Email (please provide) _____

Owner of Structure

Name _____ Address _____

City, State, & Zip _____ Phone () _____ Fax () _____

TENANT NAME _____ TENANT PHONE _____

STATE IN DETAIL PROPOSED USE OF THIS BUILDING AND SCOPE OF PROJECT (TENANT NAME, STORE, CHURCH, ETC) _____

ESTIMATED TOTAL PROJECT COST: \$ _____

TYPE OF WORK: ☐ NEW BUILDING ☐ ADDITION ☐ ALTERATION/RENOVATION ☐ CHANGE OF USE ☐ OTHER _____

A. Existing (present) Use Group ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5 ☐ B ☐ E ☐ F-1 ☐ F-2 ☐ H

☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ S-1 ☐ S-2 ☐ U

B. New (proposed) Use Group ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5 ☐ B ☐ E ☐ F-1 ☐ F-2 ☐ H

☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ S-1 ☐ S-2 ☐ U

C. Mixed Uses and Occupancy ☐ Non Separated ☐ Separated Use

D. Existing (present) Construction Classification

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

E. New (proposed) Construction Classification

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

F. Existing (present) Floor Area _____ S.F. Height _____ Ft. # of Stories _____ Total S.F. _____

G. New (proposed) Floor Area _____ S.F. Height _____ Ft. # of Stories _____ Total S.F. _____

H. Total Gross Building Area: _____ S.F. Area of Work: _____ S.F.

I. Area Limitations ☐ General Limitation ☐ Unlimited Area Building

J. Existing (present) Building Fire Sprinkler System ☐ Total ☐ Partial ☐ None ☐ Sprinkler System

K. New (proposed) Building Fire Sprinkler System ☐ Total ☐ Partial ☐ None ☐ Wet ☐ Dry

L. Is Structure Located in Flood Plain ☐ Yes ☐ No

M. Give Occupant Load _____ SF Method _____ Actual/Proposed # of Employees _____

(COMPLETE REVERSE SIDE)

APPLICABLE PLAN REVIEW FEE CALCULATIONS

	APPLIC. FEE	+ SQ. FOOTAGE FEE	=	SUBTOTAL
BUILDING/STRUCTURAL	\$100.00	+ \$2.00/100 SF	=	_____ .00
OCCUPANCY ONLY	\$100.00	+ \$2.00/100 SF	=	_____ .00
ELECTRICAL	\$100.00	+ 2.00/100 SF	=	_____ .00
FIRE ALARM	\$100.00	+ SEE LOW VOLTAGE FEES	=	_____ .00
HVAC/MECHANICAL	\$100.00	+ 2.00/100 SF	=	_____ .00
FS HOOD	\$100.00	+ 2.00	=	_____ .00
SPRINKLER SYSTEM	\$100.00	+ 2.00/100 SF	=	_____ .00
HOOD SYSTEM	\$100.00	+ 2.00/100 SF	=	_____ .00
WALL SIGN(S)	\$100.00	+ 2.00	=	_____ .00
FREE STANDING SIGN	\$100.00	+ 2.00/100 SF	=	_____ .00
ROOF REPLACEMENT ONLY	\$100.00	+ \$2.00	=	_____ .00
				=====
		SUBTOTAL	\$	_____
OBBS ASSESSMENT		3% OF SUBTOTAL	\$	_____
		TOTAL FEE	\$	_____

*ROUND SF OF AREA OF WORK TO NEXT 100 SF FOR SF FEE PURPOSES

*DRAWINGS WILL NOT BE PROCESSED UNTIL FEES HAVE BEEN PAID

*MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE STARK COUNTY BUILDING DEPT.

*FEES ARE BASED UPON TOTAL SF OF NEW WORK + SF OF ALL RENOVATED AREAS (TOTAL AREA OF WORK)

*ANY QUESTIONS WITH FEES, PLEASE CONTACT OUR STAFF

NOTES: (1) For new buildings and additions, a ZONING PERMIT, REGIONAL PLANNING APPROVAL, OFFICIAL HOUSE NUMBER, AND/OR A SEPTIC OR SEWER APPROVAL, PERMIT OR GUARANTEE must be obtained before a Building Permit can be issued.

All mandatory information is on the submitted construction documents (including TWO (2) sets of construction documents), and is submitted herewith for plan review and approval. For the above referenced project, this letter is to certify that I am the author of the drawings and have prepared the plans and specifications to conform to the requirements of the current Oho Building Code (OBC) and Chapters 3781 and 3791 of the Revised Code. This submittal contains information to be in compliance with OBC 106.

Signature: Professional Designer of Drawings _____ Date _____

Applicant serving as owners' agent certifies that all pertinent and respective plans are being submitted at time of original application for plan review. Additional work will require new submittal and additional application fees.

Signature _____ Date _____ Title _____

Print Name _____ Company _____

Phone () _____ Mobile Phone () _____

Comments: _____
