# STARK COUNTY COMMERCIAL PLAN REVIEW APPLICATION

BUILDING INSPECTION DEPT., 7235 Whipple Ave NW Ste A N. CANTON OH 44720
330-451-1770 FAX: 330-451-1779 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 SUPRESSION

___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

| | APP FEE | + SQ. FOOTAGE FEE 0-150,000 SF | or 150,001 + SF | = SUBTOTAL |
|---|---|---|---|---|
| BUILDING/STRUCTURAL | $200.00 | + $2.00/100 SF | + $5.00/100 SF | =_____.00 |
| OCCUPANCY ONLY | $200.00 | + $2.00/100 SF | + $5.00/100 SF | =_____.00 |
| ELECTRICAL | $200.00 | + $2.00/100 SF | + $5.00/100 SF | =_____.00 |
| FIRE ALARM | $200.00 | + SEE LOW VOLTAGE FEES | | =_____.00 |
| HVAC/MECHANICAL | $200.00 | + $2.00/100 SF | + $5.00/100 SF | =_____.00 |
| HOOD SYSTEM | $200.00 | + $2.00 | | =_____.00 |
| FS HOOD | $200.00 | + $2.00 | | =_____.00 |
| SPRINKLER SYSTEM | $200.00 | + $2.00/100 SF | + $5.00/100 SF | =_____.00 |
| FIRE SUPPRESSION/DRY | $200.00 | + $2.00/100 SF | + $5.00/100 SF | =_____.00 |
| WALL SIGN(S) | $200.00 | + $2.00 | | =_____.00 |
| FREE STANDING SIGN | $200.00 | + $2.00 | | =_____.00 |
| ROOF REPLACEMENT ONLY | $200.00 | + $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: _____

_____

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