



**COMMERCIAL PLAN APPROVAL APPLICATION**

City of Sandusky, Department of Community Development, Division of Building Inspection

222 Meigs Street, Sandusky, Ohio – (419) 627-5940 – [building@ci.sandusky.oh.us](mailto:building@ci.sandusky.oh.us)

Submit one application for each building or structure. Please print or type. All sections must be completed.

This form is also available on our website: <http://www.cityofsandusky.com/engineering/building-forms.htm>

<b>1 SCOPE OF PROJECT: (OBC 107.2.1)</b> <input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Demolition <input type="checkbox"/> Industrialized Units (OBC 107.2(9)) <input type="checkbox"/> Assembly of Listed Labeled Products (OBC107.2(8))	<b>2 TYPE OF PROJECT:</b> <input type="checkbox"/> Repairs <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	<b>3 PHASED PLAN REVIEW:</b> <input type="checkbox"/> Foundation/Footings <input type="checkbox"/> Slab and Perimeter <input type="checkbox"/> Structure/Framing <input type="checkbox"/> Exterior Envelope <input type="checkbox"/> PME/Building Systems <input type="checkbox"/> Other
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**4 APPLICATION RELATED INFORMATION:**

- Is this project being submitted as a result of a previous preliminary plan review?  
      \_\_\_ No       \_\_\_ Yes, please provide the preliminary plan review number: \_\_\_\_\_
- Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?  
      \_\_\_ No       \_\_\_ Yes, please provide the adjudication order number: \_\_\_\_\_  
      \_\_\_ No       \_\_\_ Yes, provide construction documents & other information required (OBC 106.1).
- Does your project disrupt one acre or more of land?  
      \_\_\_ No   \_\_\_ Yes, please contact the Engineering Department to complete a Storm Water Management Erosion Control application.
- Is this project/building located in a **Flood Plain**?  
      \_\_\_ No   \_\_\_ Yes, has the flood plan administrator been contacted for requirements? \_\_\_ No   \_\_\_ Yes
- Have you made contact with the Planning/Zoning Department prior to this application?  
      \_\_\_ No   \_\_\_ Yes

**5 PROJECT / BUILDING LOCATION / LAND DESCRIPTION: (OBC 107.2.2)**

Building Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City/Township \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Directions \_\_\_\_\_

**6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1)**

\_\_\_\_\_

\_\_\_\_\_

**7 BUILDING OWNER INFORMATION:**

Name of owner \_\_\_\_\_ Attention: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2)**

Applicant \_\_\_\_\_ Attention: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**9 REGISTERED DESIGN PROFESSIONAL INFORMATION: (If Applicable)**

\_\_\_\_\_ Architect   \_\_\_\_\_ Engineer   \_\_\_\_\_ Certified Fire protection system designer (OBC 107.4.4)  
Designer \_\_\_\_\_ Registration /Certificate No.: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_



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<b>10</b>	<b>BUILDING CODE INFORMATION:</b> (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building) [ <b>TOP OF NEXT PAGE</b> ]	
Current use group(s) _____ Current use group(s) _____ Current use group(s) _____		
Estimated Value of Construction: _____		
<b>11</b>	<b>GENERAL BUILDING INFORMATION:</b> (The following information applies to the <i>entire building</i> , not just construction area.) (OBC 107.2 (3))	
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)? _____
<b>List USE GROUP below for mixed use building.</b>		<b>List Occupancy Type for associated use group below.</b>
▪ _____	▪ _____	
▪ _____	▪ _____	
▪ _____	▪ _____	
▪ _____	▪ _____	
▪ _____	▪ _____	
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? _____
<b>12</b>	<b>CERTIFICATION:</b> (OBC 107.2 (5))	<b>13</b>
I certify that I am the _____ Owner _____ Owner Representative		<b>THE AREA BELOW IS FOR OFFICIAL USE ONLY:</b>
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.		Date received _____ Appl. No.: _____
Signature _____		Check No.: _____ Verification # _____
Print Name: _____ Date _____		Processed by: _____ Walk in _____ Mail in _____ _____ Electronic submission

**Inspections:** (Excluding plumbing and medical gas)

The fees provided for on the worksheet for fees to be paid include only the following number of inspections per scope of work: If a project requires more inspections than the maximum set forth below for the square/linear footage, then each additional inspection will be considered a re-inspection and subject to the charge of \$150.00 per re-inspection fee. Any unused number of allowed inspections for one scope of work cannot be transferred to be used for another scope of work. No certificate of use and occupancy will be issued at the completion of the project if there is any outstanding additional inspection fee.

Total Square/Linear Footage	Maximum Number of Inspections included in fees
0 – 2,500	5 per each scope of work
2,501 – 10,000	6 per each scope of work
10,001 – 20,000	9 per each scope of work
20,001 – 30,000	10 per each scope of work
> 30,000	Add 1 inspection per each additional 10,000 sq. ft.

107.2.1 Time Limitation of Application: The Building Division has 30 days to issue an approval or an adjudication order for code violations. If the owner has not exercised the right to appeal the adjudication order or resubmitted corrected documents, the application is invalid six months from the date of the issuance of the adjudication order.

If changes are made to construction documents after final plan approval has been issued and it requires resubmission, the review and approval of the changes will be subject to a \$275 Processing Fee and \$100/hour fee for construction document examination by a Plans Examiner. If an inspection cannot be completed due to changes that have not been approved by a plans examiner, an additional \$150 re-inspection fee will be required regardless of the allowed number of inspections has been used up or not.



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## Building Fee Worksheet

<b>Building General Fees – (Pressure Piping Permits have a separate form)</b>	
A.	\$275.00 processing fee
B.	\$10.50 per 100 square feet** (Ex. If 103 sq ft, round to 200 sq ft)
C.	\$10.50 per 100 Lineal Feet ** (Ex. If 103 lineal ft, round to 200 lineal ft)
D.	\$65.00 Certificate of Use and Occupancy – OBC Section 111
<b>1.</b>	<b>Total Building General Fees</b>
<b>Mechanical Fees - (Medical Gas Permits have a separate form)</b>	
A.	\$275.00 processing fee
B.	\$6.50 per 100 square feet** (Ex. If 103 sq ft, round to 200 sq ft)
<b>2.</b>	<b>Total Mechanical Fees</b>
<b>Electrical Fees – Electrical Worksheet MUST be attached</b>	
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 Lineal Feet ** (Ex. If 103 lineal ft, round to 200 lineal ft)
<b>3.</b>	<b>Total Electrical Fees</b>
<b>Fire Alarm Fees</b>	
A.	\$275.00 processing fee
B.	\$6.50 per Alarm Device
<b>4.</b>	<b>Total Fire Alarm Fees</b>
<b>Sprinkler System Fees</b>	
A.	\$275.00 processing fee
B.	\$6.50 per 100 square feet** (Ex. If 103 sq ft round to 200 sq ft)
<b>5.</b>	<b>Total Sprinkler Fees</b>
<b>Industrialized Unit Fees</b>	
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 box.)
<b>6.</b>	<b>Total Industrialized Unit Fees</b>
<b>Plumbing – Plumbing Worksheet MUST be attached</b>	
A.	\$200.00 processing fee
B.	\$200.00 Plan evaluation fee
C.	\$20.00 per fixture – <b>Total fixture count from plumbing worksheet (pg. 6) times \$20.00ea</b>
<b>7.</b>	<b>Total Plumbing Fees</b>
<b>Total Sum lines 1 thru 7</b>	
<b>Board of Building Standards (BBS) (Total Fees x 3%)</b>	
<b>Grant Total of All Fees and BBS Fees</b>	
Make checks payable to: City of Sandusky	

\*\*Square footage figures rounded up to the next 100-square/lineal feet.

OFFICIAL USE ONLY	
Additional Fees Due	
Refund Due	



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### **DIRECTIONS FOR COMPLETING CITY OF SANDUSKY APPLICATION FOR COMMERCIAL PLAN APPROVAL**

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 three copies 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 page one 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: City of Sandusky, Division of Building Inspection, 222 Meigs Street, Sandusky, OH 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.
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. This will help the division determine the proper jurisdiction for the project.
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 in this package for more details.
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 two sets of construction documents. One of the sets 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 Division of Building Inspection by calling the dispatch center at least one day prior to the inspection. The dispatch phone number is (419) 627-5940. Once all inspections have been obtained a final Certificate of Occupancy will be issued pursuant to OAC 4101:1-1-01.*



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### WORK SHEET FOR PHASED APPROVAL

1. Project location and applicant information:

Building address: \_\_\_\_\_ County: \_\_\_\_\_

Designer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

2. Check the type of work:  New Construction  Alterations  Change of Occupancy  Building Additions

Use group(s): \_\_\_\_\_ Construction type: \_\_\_\_\_

3. Phase of plan approval requested: (Please indicate all applicable phases you are requesting)

Building footing and foundation:

- Site plan showing the location of the building in relation to the property lines, public streets, and/or adjacent buildings,
- Building footing and foundation plan showing the depth, section, and all structural design data,
- Building floor plan showing the use occupancy and construction type classification, building area, building height, number of story, means of egress, required fire rated wall locations, etc.,
- Soil investigation report if required by section 1802 OBC.
- Special inspections statement for footing and foundation if required by section 1704 OBC.

Building slab and perimeter insulation:

- All documents required for building footing and foundation phase,
- Building slab and perimeter insulation details,
- Underground utilities including electrical, water, gas, sewer, and fire protection lines and construction details,
- Building energy conservation reports per 1301 OBC for new building constructions,

Building shell:

- All documents required for building footing, foundation, and slab and perimeter insulation,
- Construction details for exterior wall, load bearing and non-load bearing walls, including the required fire resistance rating wall construction details,
- Roof truss and/or floor truss shop drawings,
- Roof construction details,
- Electrical service and wiring for exterior walls and required means of egress lightings,

Building interior partitions:

- All documents required for building footing, foundation, and slab and perimeter insulation, and building shell,
- Construction details for all interior partitions including the required fire resistance rating wall construction details,
- Electrical, plumbing, and/or mechanical drawings if the finishes of interior partitions are a part of the request.

Building systems:

- All documents required for building footing, foundation, and slab and perimeter insulation, and building shell, and interior partitions,
- Construction drawings and details for building system such as electrical, plumbing, mechanical, fire protection systems separately if desired.

Other type of phased approvals: Please attach additional sheet(s) to explain.



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**PLUMBING PERMIT WORKSHEET**

1 Contractor information					
Company Name				Phone number or E-mail	
Contractor Name				City of Sandusky Registration #	
2 Fixture Counts					
Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Interceptors, Garage/Oil		Sinks, Scullery	
Aspirators		Interceptors, Grease		Sinks, Food Prep	
Autopsy Tables, Morgue		Interceptors, Sand		Sinks, Mop	
Backflow Devices		Lavatories		Sinks, Surgical	
Bidets		Piping Systems, Sanitary		Sinks, X-Ray	
Dental Cuspidors		Piping Systems, Storm		Sterilizers	
Dental Lavatories, Chair		Piping Systems, Water		Storm Drain/Sewer	
Dilution Sumps		Sanitary Drain/Sewer		Sump-Pumps	
Drains, Floor		Service Sink		Tubs, Bath	
Drains, Roof Storm		Sewage/Ejectors		Tubs, Laundry	
Expansion Tanks		Shampoo Bowls		Tubs, Whirlpool	
Fountains, Baptismal		Showers		Urinal	
Fountains, Drinking		Sinks, Bar		Valves, Pressure Reducer	
Fountains, Soda		Sinks, Chemical		Valves, Tempering	
Fountains, Wash		Sinks, Clinical		Washers, Automatic	
Garbage Disposals		Sinks, Domestic		Washers, Bed Pan	
Hose Bibbs, Outside		Sinks, Floor		Washers, Dish	
Hot Water Dispensers		Sinks, Instrument		Washers, Eye (Emergency)	
Hydrotherapy Baths		Sinks, Laboratory		Water Closets	
Ice Makers		Sinks, Pharmacy		Water Heater	
Lavatory		Sinks, Plaster		Water Service Line	
OTHER		OTHER		Water System	
<b>TOTAL FIXTURE COUNT</b>					

**PLUMBING PERMIT WORKSHEET INSTRUCTIONS**

1. Complete contractor information.
2. Complete fixture counts.

This worksheet must be attached to one of the following forms.

- APPLICATION FOR PLAN APPROVAL (Commercial).
- APPLICATION FOR INSPECTION NOT REQUIRING PLANS (Commercial).
- RESIDENTIAL 1, 2, OR 3-FAMILY (Residential).



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**Make sure all forms are filled out completely or a permit will not be issued.**