

CITY OF HURON COMMERCIAL BUILDING PERMIT APPLICATION PACKET

RETURN THE COMPLETED APPLICATION AND ALL
REQUIRED DOCUMENTS AND PLAN SETS TO THE CITY OF
HURON PLANNING & ZONING OFFICE. IN ADDITION TO THE HARD COPY SET, PLEASE EMAIL
THE APPLICATION AND PLANS IN PDF.

CITY OF HURON
ATTN: PLANNING & ZONING DEPT.
417 MAIN STREET
HURON OH 44839

419-433-5000 EXT. 1302 or 1303
zoning@huronohio.us



APPLICATION FOR BUILDING PLAN APPROVAL

Submit one application per building or structure. See instruction sheet for details.

1	SCOPE OF PROJECT:	2	TYPE OF PROJECT:	3	REQUEST FOR PHASED REVIEW: (Optional)
	<input type="checkbox"/> Fire alarm	<input type="checkbox"/> Sprinkler system	<input type="checkbox"/> New construction	<input type="checkbox"/> Footing/Foundation	
	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Building general	<input type="checkbox"/> Building addition	<input type="checkbox"/> Building slab	
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Industrialized unit	<input type="checkbox"/> Building alteration	<input type="checkbox"/> Building shell	
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Medical gas	<input type="checkbox"/> Change of occupancy	<input type="checkbox"/> Interior partitions	
	<input type="checkbox"/> Other			<input type="checkbox"/> Building systems	
4	APPLICATION RELATED INFORMATION:				
	<ul style="list-style-type: none">Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, Provide the preliminary plan review CPA number.: _____Has this building received any certificate of plan approval before this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide all previous or related CPA No.: _____Is this application submitted as a result of a Notice of Violation or Adjudication Order? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____Total number of sheets in one set of your drawings for this application? _____				
5	PROJECT/BUILDING LOCATION:				
	Building Name _____		Address _____		
	City/State _____		Zip Code _____		County _____
	Directions _____				
	<ul style="list-style-type: none">Is this project /building received zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> NoIs this project/building located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6	BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:				
	_____ _____ _____				
7	BUILDING OWNER INFORMATION:				
	Name of owner: _____		Attention: _____		
	Address _____				
	Phone No. _____		Fax _____	E-mail _____	

8	APPLICANT INFORMATION:	
Applicant _____ Attention: _____		
Address _____		
Phone No. _____ Fax _____ E-mail _____		
9	DESIGNER INFORMATION: _____ Architect _____ Engineer _____ Fire protection system designer	
Name: _____ Ohio registration No: _____ Company: _____		
Address _____		
Phone No. _____ Fax _____ E-mail _____		
10	GENERAL BUILDING CODE INFORMATION:	
Current use group(s) _____ Proposed use group(s) _____		
Mixed-use groups separation? _____ Yes _____ No. Building construction type _____		
Building height (ft) _____ No. of stories _____ Building occupant load _____		
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <ul style="list-style-type: none"> ▪ Fire Protection Systems: (Enter the type of system; i.e. NFPA 13, etc., if known. Enter "N/A" if not applicable) Building sprinkler? _____ Sprinkler demand @ base of riser (PSI)? _____ Limited area sprinkler? _____ Hood suppression? _____ In-Rack sprinkler? _____ Building fire alarm? _____ Fire detection? _____ Smoke detection? _____ </div> </div>		
11	APPLICATION FEES: Paid by: _____ Cash _____ Check _____	
<ul style="list-style-type: none"> ▪ Total square footage of construction area (Round up to the next 100 square feet): Building _____ Mechanical _____ Electrical _____ Sprinkler _____ I.U. _____ ▪ Total linear footage of construction items not covered under the square footage: Building _____ Mechanical _____ Electrical _____ No. of alarm devices _____ ▪ Plumbing: (Through Erie County Health Department) _____ ▪ Medical gas: No. of rooms with med gas equipment: _____ No. of zone valve assembly? _____ Total number of systems: _____ Total number of tie-ins: _____ ▪ Total application fees (from fee worksheet) _____ Estimated construction cost: _____ ▪ After review, you will notified when fees are due 		
12	CERTIFICATION:	13
<p>I certify that I am the _____ owner _____ Agent of 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.</p> <p>Signature _____</p> <p>Print Name: _____ Date _____</p>		CONTRACTOR INFORMATION:

		Energy Code Path: _____

The maximum number of inspections included in the fees provided for in Section 4101:7-7 of the Ohio Administrative Code (OAC) will be as indicated in the chart below. Any additional inspections will be subject to a charge of \$150 re-inspection fee. Please note that the allocated number of inspections does not include fire protection system acceptance inspections by the State or local fire officials.

No. of allocated inspections included in the permit fees	
0-2,500 (s.f., l.f., or No. of devices)	5 per each scope of project
2,501-10,000 (s.f., l.f., or No. of devices)	6 per each scope of project
10,001-20,000 (s.f., l.f., or No. of devices)	9 per each scope of project
20,001-30,000 (s.f., l.f., or No. of devices)	10 per each scope of project
> 30,000 (s.f., l.f., or No. of devices)	Add 1 inspection per each additional 10,000 s.f.
Number of allocated inspections for medical gas scope of work included in the permit fees	
Total number of rooms with medical gas equipment	2 per room
Total number of zone valve assembly	2 per assembly
Total number of medical gas system	2 per system
Total number of tie-ins	2 per tie-in

INSTRUCTIONS FOR COMPLETING OHIO APPLICATION FOR BUILDING PLAN APPROVAL

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 "Huron Township Building Department, 1820 Bogart Rd., Huron, Ohio 44839"

- 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.
- TYPE OF PROJECT:** Check one of the types of projects from the list.
- 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.
- 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.
- 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.
- 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.
- 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. **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.
11. **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.
12. **CERTIFICATION:** The application cannot be processed if this section is not complete.
13. **CONTRACTOR INFORMATION AND ENERGY CODE PATH:** REQUIRED

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 Section 107.7 Ohio Building Code. Inspections can be obtained from the Huron Township Department of Building by calling at least one day prior to the inspection. The dispatch phone number is (419) 433-2775. Once all inspections have been obtained a final Certificate of Occupancy will be issued pursuant to Section 111 Ohio Building Code.

INSTRUCTIONS FOR APPLICATION FEE WORKSHEET

- *Building general linear footage fee applies to fences and/or retaining walls, etc.*
- *Mechanical linear footage fee and/or electrical linear footage fee apply to projects containing mechanical and/or electrical works where square footages are difficult to calculate; such as HVAC ductwork only, electrical wiring only, etc. If the work can be covered under the square footage fee calculation; no need to provide linear footage fee again.*

A 3% accesement fee will be added as per OBS

WORKSHEET FOR APPLICATION FEES TO BE PAID

BUILDING GENERAL SCOPE (* Round up all lineal and square footage figures to the next 100)				
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** (See notes above)				\$
D. \$5.00 Ohio Board of Building Standards fee for building general scope				\$
MECHANICAL SCOPE (** Round up all lineal and square footage figures to the next 100)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (See notes above)				\$
C. \$5.00 Ohio Board of Building Standards fee for mechanical scope				\$
ELECTRICAL SCOPE (** Round up all lineal and square footage figures to the next 100)				
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** (See notes above)				\$
D. \$5.00 Ohio Board of Building Standards fee for electrical scope				\$
FIRE ALARM SCOPE (Do not include system acceptance tests/inspections by fire officials)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per Alarm Device				\$
C. \$5.00 Ohio Board of Building Standards fee for fire alarm scope				\$
SPRINKLER SCOPE (Do not include system acceptance tests/inspections by fire officials)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
C. \$5.00 Ohio Board of Building Standards fee for sprinkler scope				\$
PLUMBING SCOPE				
A. Submitted to the Erie County Health Department, 420 Superior St., Sandusky, OH 44870				
419-626-5623 Ext. 209 - plumbing@eriecohealthohio.org				
MEDICAL GAS SCOPE				
A. \$275.00 Processing Fee				\$
B. \$275.00 Plan Review Fee				\$
C. \$10.00 per room with medical gas equipment	Total No. of room(s)		=	\$
D. \$25.00 per zone valve assembly	Total No. of assemblies		=	\$
E. \$25.00 per system	Total No. of systems		=	\$
F. \$25.00 per tie-in	Total No. of tie-ins		=	\$
G. \$5.00 Ohio Board of Building Standards fee for medical gas scope				\$
INDUSTRIALIZED UNIT SCOPE				
A. \$200.00 Processing Fee				\$
B. \$1.75 per 100 Square Feet** (Ex. if 103 sq ft round to 200 sq ft. The 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.)				\$
C. \$5.00 Ohio Board of Building Standards fee for industrialized unit scope				\$
CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION FEES (4101:7-7-01 OAC)				
A. \$65.00 per application except for the application with plumbing scope only				\$
State Assessment 3%			=	\$
TOTAL (transfer this amount to Total Fees to be Paid on the front side of this application)				\$

Work Sheet for Phased Plan Review Request

1 Project location:

Building address: _____ County: _____

2 Check the type(s) of work

☐ New Construction ☐ Alteration ☐ Addition ☐ Change of occupancy

3 Building information

Use group(s) _____ Construction type _____

4 Request plan review per construction phase(s): (Select all applicable)
☐ **Building footing and foundation (Submit all documents listed below)**

- Site plan showing the location of the building and fire separation distances
- Building code information analysis for the entire proposed building
- Building footing & foundation plans showing structural design data and details
- Building floor plans showing room use occupancy purpose and dimensions for each room
- Soil investigation report if required by Section 1803 Ohio Building Code (OBC)
- Special inspection statement & inspector's resume if required by Section 1705 OBC.

☐ **Building slab and perimeter insulation (Submit all documents listed below)**

- All documents required for footing and foundation phase
- Building slab and perimeter insulation details
- Types and details of all underground utilities entering the building
- Building energy conservation report per Section 1301 OBC if applicable.

☐ **Building shell (Submit all documents listed below)**

- All documents required for footing, foundation, slab, and perimeter insulation.
- Building design data and factors, construction details, fire rating for all building walls & floors
- Roof construction details
- Electrical & means of egress lighting design & details for exterior walls & building.

☐ **Building interior partitions (Submit all documents listed below)**

- All documents required for footing, foundation, slab, perimeter insulation, and building shell
- Construction details and fire rating requirement for all interior partitions
- Electrical, plumbing, and/or mechanical details for interior partitions

☐ **Building systems; mechanical, electrical, plumbing, fire protections, etc. (All documents)**

- All documents required from foundation to building structural completion
- Construction details for building system(s) requested.

☐ **Other types of construction phases:**

- Provide complete drawings and information according to the phases specified.