

DELAWARE COUNTY
APPLICATION FOR COMMERCIAL PLAN APPROVAL AND BUILDING PERMIT

08/19/08

Date: _____ Application Number _____

DESC/drainage permit #: * _____ Zoning Permit: * _____ Septic/SewerPermit #: * _____
***These must be provided at the time of application.**

Business Name: _____

Project Address: (as assigned by Map Department) _____

City/Village _____ Zip Code: _____ Township _____

Between: _____ and _____

Owner: _____ Phone (____) _____

Address _____ City, State _____ Zip _____

Architect/Designer/or Engineer: _____ Phone: Number (____) _____

Address _____ City, State _____ Zip _____

Contact Person: _____ Phone: Number (____) _____

Contractor: _____ Phone: (____) _____

Address _____ City, State _____ Zip _____

Email _____

Phone number for text message notification of inspection results(____) _____ (not mandatory)
Please specify what phone company you have AT & T Nextel Sprint T Mobile or Verizon

Use Group (circle all that apply)

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U

Construction Type: (circle one) **1A** **1B** **2A** **2B** **3A** **3B** **4** **5A** **5B**

Type of Work:

New _____ Addition _____ Foundation Only _____ Alteration _____ Shell _____ Tenant Finish _____
Demo _____ Moving _____ Temporary Structure _____ Tent _____ Other _____

Change of Use: From: _____ To: _____ **Mixed Use:** Separated: _____ Non-Separated: _____

Certificate of Occupancy Requested: Yes _____ No _____

Indicate Other Permits that may be required:

Type 1 Hoods: _____	Smoke Control: _____	HVAC: _____	Site Lighting: _____
Type 2 Hoods: _____	Fire Protection: _____	Refrigeration: _____	Signs: _____
Hood Suppression: _____	Underground Fire: _____	Electrical: _____	Swim. Pools: _____
Gas Line: _____	Fire Suppression: _____	Low Voltage: _____	Other: _____

Building Size:

Basement(s) _____ Sq. Ft.	Garage _____ Sq. Ft.	Tent: _____ Sq. Ft.
First Floor: _____ Sq. Ft.	Patio: _____ Sq. Ft.	
Second Floor: _____ Sq. Ft.	Mezzanines: _____	
Third Floor: _____ Sq. Ft.	Deck(s): _____ Sq. Ft.	

TOTAL: _____ Sq. Ft. **Area of Work:** _____ Sq. Ft. **Construction Cost:** \$ _____

Brief description of work to be done and any storage: _____

Do Floodplain regulations apply? Yes _____ No _____

Certification: I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware.

Signature of Owner/Agent Print or type name here (_____) Telephone: _____



THIS PORTION OF THE FORM IS FOR USE ONLY BY DELAWARE CO. CODE COMPLIANCE

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Notes: