



City of Portsmouth Building Department

728 Second Street
Portsmouth, Ohio 45662
740-354-7557 Fax 740-354-5383
www.portsmouthoh.org

Logged In _____
Application # _____
Sent/Received _____ / _____

APPLICATION FOR COMMERCIAL PLAN APPROVAL/PERMIT

(Submit one application for each building or structure. Please print or type)
(All sections must be completed. 4 sets of plans required)

Scope of Project:

Structural Mechanical Electrical Plumbing Sprinklers Industrialized Unit
Sign Fire Alarm

Type of Project: [] New Building/Structure [] Alteration [] Addition [] Change of Occupancy
[] Repair/Replacement [] Other _____

Name/Description of Project: _____

Site Address _____ Lot No. _____

City _____ Zip Code _____

Table with 2 columns: Building Owner Name, Contractor Name. Rows include Address, City/State/Zip Code, Phone/Mobile/Fax, Applicant Name, Plans Prepared By (Architect, Engineer, etc.), and Registration Number.

CURRENT OBC USE GROUP: _____
PROPOSED OBC USE GROUP: _____

Contact email _____

CONSTRUCTION TYPE: [] IA [] IB [] IIA [] IIB [] IIIA [] IIIB [] IV [] VA [] VB

This application for a building permit is required for your building project. Other permits may be required as well. These include, but are not limited to, zoning; access management (driveway permits) etc. You are responsible for determining the applicability and ensuring compliance with regulations related to your project. All permits will expire after one year of inactivity with this building department. INITIAL ____

PROJECT COST: \$ _____

Total Square Footage: _____

I hereby certify that all information contained in this application is true, accurate, and complete to the best of my knowledge.

Total Fee Due: \$ _____ (from worksheets)

_____/_____/_____

[] Approved [] Partial Approval [] Correction Letter

Signature [] Owner [] Agent Date

Plans Examiner _____ Date ____/____/____

Print Name _____

Building Official _____ Date ____/____/____

Processed by: _____ / Counter or Mail

WORKSHEET FOR FEES TO BE PAID AT TIME OF SUBMITTAL

**Round up all square footage figures to the next 100 feet

| | | |
|--|--|----|
| STRUCTURAL FEES | | |
| A. \$275.00 Processing Fee Per Structure | | \$ |
| B. \$10.50 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft) | | \$ |
| MECHANICAL FEES | | |
| A. \$275.00 Processing Fee Per Structure | | \$ |
| B. \$6.50 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft) | | \$ |
| ELECTRICAL FEES | | |
| A. \$275.00 Processing Fee Per Structure | | \$ |
| 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 note above) | | \$ |
| SPRINKLER | | |
| A. \$275.00 Processing Fee Per Structure | | \$ |
| B. \$6.50 per 100 Square Feet** (ex. If 103 sq ft, round to 200 sq ft) | | \$ |
| FIRE ALARM | | |
| A. \$275.00 Processing Fee | | \$ |
| B. \$6.50 per Alarm Device | | \$ |
| HOOD SYSTEMS | | |
| A. \$250.00 Processing Fee (Per Hood) | | \$ |
| INDUSTRIALIZED UNIT FEES | | |
| A. \$200.00 Processing Fee Per Structure | | \$ |
| 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 for the first time. Otherwise, ignore this fee box.) | | \$ |
| SIGN FEES | | |
| A. 0 TO 15 Square Feet Sign Area \$40.00 | | \$ |
| B. Over 15 to 30 Square Feet Sign Area \$100.00 | | \$ |
| C. Over 30 Square Feet Sign Area \$300.00 | | \$ |
| D. Multiple signs – use Over 30 Square Feet total area & add \$40.00 per sign | | \$ |
| CERTIFICATE OF USE & OCCUPANCY OR FOOD SERVICE LICENSE | | |
| A. \$200 Per Structure/Facility | | \$ |
| OTHER | | |
| A. \$90 Per Item (check all that apply) | Electrical _____ Mechanical _____ Plumbing _____ Structural _____ | \$ |
| CONSULTATION | | |
| A. Consultation/Special Inspection \$150.00 | | \$ |
| | PLUMBING FEE (FROM WORKSHEET A) | \$ |
| | SUB TOTAL | \$ |
| Board Of Building Standards (BBS) FEE (3% of Sub Total) | | \$ |
| Demolition Permit \$100.00 | | \$ |
| Make Fee Check or Money Order Payable to: City of Portsmouth | TOTAL | \$ |

**Square footage figures rounded up to the next 100-square feet as per Section 108.2 of the OBC
Please submit 3 sets of plans**

ALL PERMIT FEES ARE NON-REFUNDABLE UNLESS AN ERROR WAS MADE BY THE BUILDING DEPARTMENT

WORKSHEET A PLUMBING FEE SCHEDULE

| Fixture | Count | Fixture | Count | Fixture | Count |
|----------------------------|-------|--------------------------|-------|--------------------------|-------|
| Air Admittance Valves | | Interceptors, Garage/Oil | | Sinks, Plaster | |
| Aspirators | | Interceptors, Grease | | Sinks, Scullery | |
| Autopsy Tables, Morgue | | Interceptors, Sand | | Sinks, Food Prep | |
| Backflow Devices | | Lavatories | | Sinks, Mop | |
| Bidets | | Piping Systems, Sanitary | | Sinks, Surgical | |
| Dental Cuspidors | | Piping System, Storm | | Sinks, X-Ray | |
| Dental Lavatories, Chair | | Piping Systems, Water | | Sinks, Bar | |
| Dilution Sumps | | Sterilizers | | Tubs, Bath | |
| Drains, Floor | | Sump-Pumps | | Tubs, Laundry | |
| Drains, Roof Storm | | Softener | | Urinals | |
| Expansion Tanks | | Sewage/Ejectors | | Valves, Pressure Reducer | |
| Fountains, Baptismal | | Shampoo Bowls | | Valves, Tempering | |
| Fountains, Drinking | | Showers | | Washers, Automatic | |
| Fountains, Soda | | Sinks, Chemical | | Washers, Bed Pan | |
| Fountains, Wash | | Sinks, Clinical | | Washers, Dish | |
| Garbage Disposals | | Sinks, Domestic | | Washers, Eye (Emergency) | |
| Hose Bibs, Outside | | Sinks, Floor | | Water Closets | |
| Hot Water Dispensers | | Sinks, Instrument | | Water Heaters | |
| Hydrotherapy Baths | | Sinks, Laboratory | | | |
| Ice Makers | | Sinks, Pharmacy | | | |
| TOTAL FIXTURE COUNT | | | | | |

1. Plumbing processing fee: \$275.00 Per Structure..... \$275.00

2. Total fixture count from above: _____ X \$20.00..... \$ _____

3. Total \$ _____