



Village of Ashville
P.O. Box 195
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Ashville, OH 43103



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Planning and Zoning

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Direct: 740/983-6367 Option 1

Building Department (Contracted) Toole & Associates

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Office: 614-224-2300

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Commercial Building Application for Plan Approval

Submit one application for each building or structure. Please print or type.

Type of project:

- Structural
- Mechanical
- Electrical
- Sprinklers
- Plumbing
- Industrialized Unit

All sections must be completed

- Township: Harrison, Other _____
- Have you received appropriate zoning permits? __ Yes __ No
- Number of sheets in one set of drawing: _____
- Nature of project: __ New, __ Alteration, __ Addition, __ Change of Occupancy
- Previous or related Certificate of Plan Approval #'s: _____

Name of Project: _____ Project #: _____

Exact Address of Project: _____ City: _____ State: _____ Zip: _____

Project Site Owner: _____ Attention: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Submitter: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Plans Prepared by: __ Architect, __ Engineer, __ Certified Sprinkler/Alarm Designer (Check One)

Name: _____ Phone: _____ Ohio Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

	Struc.	Elect.	Mech.	U.I
Total Number of Plumbing Fixtures:				
Total Square footage:				

Type of Construction: _____

Current Use Group: _____ Proposed Use Group: _____

Cost of work (covered on this application): \$ _____

Sprinkler Square Footage: _____ Number of Alarm Devices: _____ Flood Zone? __ Yes, __ No

Total Fee Due (From Bldg. and/or Plbg. Worksheets): \$ _____ Payment: __ Cash, __ Check

If plans are submitted as result of an Adjudication Order, enter order number here: _____

I hereby certify that I am (select one) __ Owner, __ Agent for Owner, and all information contained in this application is true, accurate and complete to the best of my knowledge.

Signature: _____ Print Name: _____ Date: _____

Official Use Only:

Date Received: _____ Check #: _____ Processed by: _____ App#: _____

__ Mail-in, __ Walk-in

Commercial Building Fee Schedule

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

Structural Fees	
A. \$275 Processing Fee	\$
B. \$10.50 per 100 Square Feet (Ex. If 103 sq ft, round to 200)	\$
Mechanical Fees	
A. \$275 Processing Fee	\$
B. \$6.50 per 100 Square Feet	\$
Electrical Fees	
A. \$275 Processing Fee	\$
B. \$6.50 per Square Feet	\$
C. \$50 Temporary Electric Service or Service Upgrade	\$
D. \$50 Reconnection Inspection	\$
E. \$50 New Electric Service	\$
F. \$3.50 per Alarm Service Device (Device fee not required for new work as it is included in the electrical fees. Only when replacing or altering existing alarms)	\$
Fire Protection	
A. \$275 Processing Fee	\$
B. \$6.50 per 100 Square Feet	\$
Hood Systems	
A. \$275 Processing Fee	\$
Industrialized Unit Fees	
A. \$200 Processing Fee	\$
B. \$1.75 per 100 Sq Ft (Only required if you are placing an approved Board of Building Standards Industrialized Unit for the first time)	\$
Sign Fees	
A. Basic Sign Permit \$50	\$
B. Commercial Sign Permit \$85	\$
C. Electric Hook-Up for Sign Permit \$35	\$
Certificate of Use and Occupancy	
A. \$75 Per Structure	\$
Other	
A. \$75 Per Item (Additional Worksheet)	\$
Plan Review	
A. Preliminary Plan Review \$75 an hour minimum \$250.00	\$
Plumbing Fee (Additional Worksheet)	
	\$
Subtotal	
	\$
Board of Building Standards (BBS) Fee (3% of subtotal)	
	\$
Pickaway County Fee (10% of Subtotal)-excluding incorporated area	
	\$
TOTAL	
	\$

Make check payable to Village of Ashville

Square footage figures rounded to the next 100 square feet as per section 108.2 of the OBC

Fees are due at time of submission. Please submit 3 sets of plans or 4 for properties using fire suppression



Plumbing Fee Schedule

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

Plumbing processing fee: \$275..... \$ _____

Total fixture count from above: _____ x \$25..... \$ _____

Total plumbing fees by totaling entries above: \$ _____

Enter total "plumbing fee" in appropriate box on page 2