

CITY OF OREGON, OHIO - BUILDING AND ZONING INSPECTION DEPARTMENT

5330 SEAMAN ROAD, OREGON, OH 43616 / PHONE (419) 698-7071 / FAX (419) 698-7150

Application for

NO WORK AUTHORIZED UNTIL APPLICATION IS APPROVED BY DEPARTMENT STAFF

PLAN REVIEW & BUILDING PERMIT

Complete all information below to the best of your ability. A separate application shall be submitted for each building/structure. ALL DRAWINGS SHALL BE TO SCALE. Each application must be accompanied by the following plans: 1) A site plan showing required zoning compliance approved by zoning inspection. 2) The Construction documents (building plans) in sufficient detail to determine compliance with the code and accurately showing the proposed and/or existing work adjacent as applicable. (Minimum number of required sets: Residential = 3 full sets; Multi-Family, Commercial & Residential = 4 full sets plus 1 Civil Only).

Type of Work	<input type="checkbox"/> Residential (OBOA-IRD/OBC IU/HUD)	<input type="checkbox"/> Commercial (OBC)	<input type="checkbox"/> Utility Work Only				
	<input type="checkbox"/> Multi-Family Residential (OBC)	<input type="checkbox"/> Industrial (OBC)	<input type="checkbox"/> Site Work Only				
1	Project Street Address	Apt. No.	Parcel No.				
2	Owner Info (Print/Type):	Address, City, State & Zip Code	Phone No.				
	Owner Name:						
	Occupant/Business:						
3	Contractor Information (Print/Type):	Address, City, State & Zip Code	Phone No.				
	Applicant (if not Owner)						
	Architect/Engineer						
	General Contractor						
4	Description of Work to be Done:						
5	USE GROUP (circle primary use or uses)		CONSTRUCTION TYPE (circle one)				
	OBC Commercial & Industrial Only		Residential only				
	A1 A2 A3 A4 A5 B E F1 F2	OBC IU ORC/OBOA HUD/FHA	IA	IIA	IIIA	Timber	
	H1 H2 H3 H4 I1 I2 I3 I4 M	How many units are to be constructed? <input style="width:40px; height:20px;" type="text"/>	IB	IIB	IIIB	IV	
	R1 R2 R3 R4 S1 S2 U					VA	
						VB	
6	PERMIT FEE CALCULATIONS			Floor Area 1		Floor Area 2	
	Construction factor use the following: 2004 ORC/OBOA/IU/HUD Residential construction = 0.66 Basement/Garage/Porches/Decks/Sheds & Accessory Bldgs = 0.20 2005 OBC regulated work See Construction Factor Schedule (Must have Use Group & Construction Type to Determine) (See OBC Chapter #3 and Chapter #6)			Gross Floor Area			
				X Construction factor			
				X Permit factor		0.35	
				CALCULATED FEE DUE		0.35	
7	BUILDING GROSS AREAS		CONSTRUCTION COSTS (\$)		PERMIT FEES DUE (min. \$50 except if accessory structure)		
	1st Floor Area		General Building		Add permit fee totals from table above		
	2nd Floor Area		Electrical	\$ Not Required	Plan Exam Fee (Comm: \$60.00)		
	Basement		Mechanical	\$ Not Required	Occupancy Fee (Res: \$10/Comm: \$50)		
	Garage & Accessory Bldg		Plumbing	\$ Not Required	BBS Fee 1% RES. / 3% COMM.		
	Porch/Deck		Fire Protection	\$ Not Required	Zoning Fee (Res: \$50 / Comm: \$80)		
	TOTAL AREA		TOTAL COSTS		TOTAL FEE DUE		
CERTIFICATION: I hereby certify that I am the owner of record or his authorized agent having the right to make this application. I agree to conform to all applicable laws of the jurisdiction. If a permit for the above work is issued, I will notify the Inspection Dept. when work is ready for inspection and consent to allow the code official or his authorized representative authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of this code or other codes as applicable to such project. Furthermore, I agree to save the City of Oregon harmless for any and all damages. I understand that the permit issued as a result of this application will expire within one (1) year from date of issue if the work has not been commenced or within two (2) years if the work has not been completed. No work is authorized after that date until such time as a new permit has been obtained or an extension granted. I certify that all statements are true and correct to the best of my knowledge.							
Call 24 hours in Advance for Required Inspections (419) 698-7071							
<input checked="" type="checkbox"/>	Applicant Signature:					Date:	
	Responsible Contact:					Phone No.	
DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY							
RECEIPT NUMBER	DATE PAID	FEE PAID	Application Received	By	Date		
			Application Approved	By	Date		
			Permit Issued	By	Date		

PERMITS ARE NOT TRANSFERABLE OR REFUNDABLE