



Village of Ashville

P.O. Box 195
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Ashville, OH 43103



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Building Department

COMMERCIAL BUILDING APPLICATION FOR PLAN APPROVAL

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

All sections must be completed.

| | |
|--------------------------|---------------------|
| 1 | Scope of project |
| <input type="checkbox"/> | Structural |
| <input type="checkbox"/> | Mechanical |
| <input type="checkbox"/> | Electrical |
| <input type="checkbox"/> | Sprinklers |
| <input type="checkbox"/> | Plumbing |
| <input type="checkbox"/> | Industrialized Unit |

| | |
|---|--|
| 2 | Have you received the appropriate zoning permit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Enter number of sheets in one set of drawings: |
| 4 | Nature of project <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Rebuild <input type="checkbox"/> Other <input type="checkbox"/> Change of Occupancy |
| 5 | Previous or related Certificate of Plan Approval #'s |

| | | |
|--|--|---|
| 6 | Name of Project | Project Number: |
| Exact address of project | | |
| | Street | Village Ohio Zip |
| 7 | Owner of project | Attention |
| Address | | City/Village Zip |
| Phone () - | | Fax () - |
| 8 | Name of submitter | |
| Address | | City/Village Zip |
| Phone () - | | Fax () - |
| 9 | Plans prepared by <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer (check one) | |
| Name | | Ohio Registration Number |
| Address | | City/Village Zip |
| Phone () - | | Fax () - |
| 10 | Current location use: | |
| 11 | Proposed use (s): | |
| 12 | Cost estimate of work covered by this application: \$ _____ , _____ . | |
| 13 | Total number of fixtures for: Structure Electrical Plumbing Mechanical U.I. | |
| 14 | Total Square footage | |
| 15 | Sprinkler square footage | |
| 16 | Number of alarms devices | |
| 17 | Total fee due: (from Impact/Planning & Zoning Building Fee Worksheets) \$ _____ , _____ . | |
| 19 | Flood Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20 | If plans are submitted as the result of an Adjudication Order, enter order number here: | |
| 21 | I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner | |
| 22 | And all information contained in this application is true, accurate and complete to the best of my knowledge | |
| | Signature _____ | Date _____ |
| | Print or type name of signer _____ | |
| 23 | The Area Below is For Official Use Only | |
| Worksheets Fees paid by? <input type="checkbox"/> Cash <input type="checkbox"/> Check-Check #: | | |
| Date sent to review | | <input type="checkbox"/> Mail-in <input type="checkbox"/> Walk-in |
| Processed by: | | |

**Square footage figures rounded up 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. (4 sets for properties using fire suppression)

