COMMERCIAL PLAN APPROVAL APPLICATION PART A

Clark County Community Development
3130 E. Main Street, Suite 1A, Springfield, OH 45505
(937) 521-2160/(937)328-2621 F ax
Thomas A. Hale, C.B.O R.B.O.

APPLICATION NUMBER:_____

1. PROJECT INFORMATION:

Street Address _____

City/State/Zip_____

Jurisdiction (City, Village, or Township project is in)_____

Project Description _____

Cost of Project $ _____

Building Area (Sq. Ft of Project.)_____

Use Group_____ Construction Type_____

Septic Type:

☐ Public Sewer ☐Public Water ☐ Private Septic ☐Well

FEMA Flood Area? ☐Yes ☐ No

2. PROPERTY OWNER:

Name _____

Address _____

City, State, Zip Code_____

Phone _____

3. DESIGN PROFESSIONAL OF RECORD (Architect, Engineer):

Contact Person _____

Company Name _____

Address _____

City, State, Zip Code_____

Phone _____ Fax* _____

E-Mail * _____

4. GENERAL / PRIMARY CONTRACTOR: Cell Phone _____

Contact Person _____

Company Name _____

Address _____

City, State, Zip Code_____

Office Phone _____ Fax* _____

E-Mail* _____

Office Use Only Below This Line

FIVE SETS OF PLANS ARE REQUIRED

5. **TYPE OF APPROVAL APPLYING FOR:**

Building

☐ Footer/Foundation ☐ Building Shell only ☐ Tenant Upfit

☐New Structure ☐ Temporary Structure ☐ Preliminary

☐Alteration/Renovation ☐ Addition ☐ Cell Tower

☐Requested Certificate of Occupancy ☐ Other _____

Electrical

☐ Upgrade service ☐ New Wiring/Alterations ☐Reconnect

☐ New complete installation ☐ Temporary Pole

☐ New Alarm System ☐Alarm Alteration ☐Other_____

HVAC/Gas Line/Refrigeration

☐ New HVAC System ☐ Duct Alterations ☐ Exhaust Hood(s)

☐Bldg Service Piping ☐ Unit Replacement ☐New Gas Piping System

☐Gas Piping Repair ☐Gas Piping Extension

Fire Suppression

☐New System ☐ Alteration ☐ Hood Suppression

ALL ITEMS CHECKED ABOVE MUST BE INCLUDED ON THE CONSTRUCTION DOCUMENTS SUBMITTED WITH THIS APPLICATION IN ORDER TO BE REVIEWED FOR THIS PLAN APPROVAL.

6. APPLICANT:

Contact Person_____

Company Name _____

Address _____

City, State, Zip Code _____

Phone _____ Cell_____

E-Mail * _____

I hereby certify that I am the Owner of Record, or that the proposed work is authorized by the Owner of Record, that I have been authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all information on this application is truthful to the best of my knowledge. I also understand that UPFRONT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Applicant Signature _____

Date_____

*Fax Numbers and E-Mail addresses are optional, but they will help us communicate with you faster if you choose to share them with us.

Intake person _____

Amount Paid $_____ App. Fee $100.00 + 3% State Fee

Balance Due $_____ Plan Review: $_____

Plan Review approved by _____Date _____

Notified Permit Ready _____Date _____

Plan Review Comments:_____

INSTRUCTIONS AND GENERAL NOTES

PART B

- *ISSUANCE OF A CERTIFICATE OF PLAN APPROVAL DOES NOT AUTHORIZE THE START OF CONSTRUCTION. A PERMIT TO START CONSTRUCTION MUST BE PURCHASED, AND THE BUILDING OFFICIAL MUST GRANT PERMISSION TO BUILD, INSTALL, OR CONSTRUCT THIS PROJECT.*
- *HVAC, Electrical, Mechanical, Gas Piping, and Refrigeration Contractors must be registered with Clark County in order to receive a Certificate of Plan Approval to install these systems.*

1. Numbers 1 – 6 must be filled out completely. This application will not be accepted without all necessary information as indicated.
2. Zoning Certificate/Approval.
3. A building notice from the Clark County Auditor must accompany this application.
4. Site approval from the Clark County Combined Health District or Ohio EPA must be submitted for on site private septic systems with this application for new structures and additions.
5. Five (5) sets of the specifications and plans shall be submitted.
6. Filing of an application for plan approval does not constitute permission for to proceed with work
7. Person primarily responsible: the design professional for building construction shall be responsible for the coordination of all ancillary documents including subsequent specifications and reports, electrical, plumbing, HVAC , gas lines, and fire protection.
8. Application is invalid six (6) months from the date of same if plan approval has not been secured.
9. The approval of documents is invalid if construction, erection, alteration, or other work has not commenced within twelve(12) months.
10. The Building Department shall be notified of inspection not less than twenty-four (24) hours in advance. The applicant must confirm this inspection between the hours of 7:30 am and 8:30 am on the day of the scheduled inspection to ensure the inspection will be performed.

Contact Information:

Clark County Community Development
Springview Government Center
3130 E. Main St., Suite 1A
Springfield, OH 45505
937-521-2160
937-328-2621 fax

E-mail: communitydevelopment@clarkcountyohio.gov

Website: www.clarkcountyohio.gov/communitydevelopment

- Thomas A. Hale, CBO
  thale@clarkcountyohio.gov

Office Hours:
7:30am to 4:30pm Monday Through Friday

Clark County Combined Health District

529 E Home Rd

Springfield, OH 45503 937-390-5600

health@ccchd.com

Clark County Utilities Department

3130 E Main St.

Springfield, OH 45506 937-521-2150

utilities@clarkcountyohio.gov

Clark County Auditor

31 North Limestone

Springfield, OH 45501 937-521-1891

auditor@clarkcountyohio.gov