



CITY OF DELAWARE • PLANNING AND COMMUNITY DEVELOPMENT

Commercial Permit Number _____

All permit applications must be submitted with two sets of complete drawings. Approved plans and permit must be on the job site and accessible to the inspector. Payments not accepted at time of permit submittal. Payment due after permit has been approved. Checks made payable to the City of Delaware. NOTICE: A separate permit is required for plumbing and may be obtained from the County Health Department. . The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance or construction. The City of Delaware, by issuing this permit, is not guaranteeing the quality of the materials or the workmanship of the contractor. The City reserves the right to revoke any registration or issue a stop work order for non-compliance with City Codes. List of subcontractors must be provided when submitting this permit.

Commercial Condo (4 or more) Apartment (4 or more)

Project Address _____

Name of Project _____

Owner of Property _____ Phone _____ E-Mail _____

Emergency contact phone number _____

Parcel Number _____

Contact Information when permit is ready _____ Phone _____ E-Mail _____

Contractor(Primary/General) _____ Phone _____ E-Mail _____

Architect/Engineer _____ Phone _____ E-Mail _____

Cost of Projects _____ Number of Buildings _____ Does this add Dwelling Units?/# _____ / _____

Board of Zoning Appeal Approval # (If Applicable) _____

Class of Work New _____ Addition _____ Alteration _____ Repair _____ Move _____

Description Of Work: _____

Building Use Group(s) Classification Per OBBC (Circle One)

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 I1 I2 I3 M R1 R2 R3 S1 S2 U

Total (Include Mezzanines) _____ Square Foot

Change of Use From _____ Change of Use To _____ Occupant Load _____

Construction Type (Circle One) 1A 1B 2A 2B 2C 3A 3B 4 5A 5B

Electrical Work (if applies)

New Construction _____ Addition _____ Alteration _____

Size of Service in Amps _____ (service in excess of 400 amps require sealed drawings to be submitted)

Mechanical Work (if applies)

Heating system New _____ Replacement _____ Conversion _____
Pre-Fab Fireplaces (Number) _____ Heating BTU _____ Cooling Tons _____
Type of Fuel _____ Furnaces (Number) _____ Air Handlers _____
Hot Water Boilers _____ Roof Top Units _____ AC Units _____
Infra-Red Radiant Heaters _____ Unit Heaters _____
Electric heat
Baseboard (Number) _____ Ceiling Cable _____ Ray Board _____ Glass Radiant _____
Grease Hoods (Number) _____

Fire Suppression/Protection (if applies)

Describe Proposed System _____ Square Foot _____
Is suppression system required Yes _____ No _____ System Demand _____ GPM
Storage Configuration/Aisle Width _____
Hazard Classification-Light ____ Ord 1 ____ Ord 2 ____ Ex 1 ____ Ex 2 ____ Other _____
New Construction _____ Alteration _____ Repair or replacement _____
Fire Alarm System Yes _____ No _____ Number of stations _____ Existing _____ Proposed _____
Smoke detectors Yes _____ No _____ Number of detectors _____ Existing _____ Proposed _____
Sprinklers Yes _____ No _____ Number of heads _____ Existing _____ Proposed _____
Standpipes Yes _____ No _____ Number _____
Commercial Kitchen Hoods Yes _____ No _____ Number of Heads Proposed _____
Spray Booths Yes _____ No _____ Number of Heads Proposed _____
Fire Detection System Yes _____ No _____ Number of Smoke Detectors _____
Number of Heat Detectors _____ Number of Fire Detectors _____
Smoke Control System Yes _____ No _____ Square footage being suppressed _____

The undersigned is either the property owner or a duly authorized agent of the property owner and do hereby verify the truth and correctness of all facts and information presented with this application and authorize on-site inspections by City Staff.

Owner or Authorized Agent _____ Date _____
Approved By _____ Date _____
Planning/Zoning _____ Date _____
CBO _____ Date _____
Plans Examiner _____ Date _____