



Commercial Permit Number

Provide one hard copy and one electronic of complete drawings with this application. Approved plans and permit must be on the job site and accessible to the inspector. NOTICE: A separate permit is required for plumbing and may be obtained from the Delaware 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. Payments not accepted at time of permit submittal.

Forms of payment accepted are cash, checks and credit cards. Credit card charge of \$3.45 per permit transaction and must be made in person.

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

Project Address _____

Name of Project/business name _____

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 _____

COMMERCIAL FEE STRUCTURE- Payment due after approved! Not all fees are listed on fee sheet.

Office Use Only

Plan Review	\$50.00
New Building/Addition	\$140.00 plus \$.07/sf
Alteration/Tenant Space	\$60.00 plus \$.04/sf
Decks/Accessory Structures	\$60.00 plus \$.03/sf
Resubmitted Plan Review	\$100.00/hr
Structural Permit	\$80.00 plus \$.05/sf
Electrical Permit	\$80.00 plus \$.04/sf
Heating/Ventilation/Air Conditioning (HVAC)	\$80.00 plus \$.03/sf
Insulation/Energy Conservation	\$80.00 plus \$.02/sf
Fire Suppression System/Fire Protection	\$100.00 plus \$5.00 -per Signaling System/Sprinkler head *up to 300 heads
Change of Use Permit	\$60.00
Re-inspection (each inspection)	\$80.00
Re-issuance (permits/inspections cards)	\$50.00
Temporary Occupancy Permit	\$100.00
Certificate of Occupancy (C.O.)	\$75.00
State of Ohio Surcharge - 3% on above	
Zoning Plan Review	\$50.00
Zoning Compliance	\$100.00 plus \$.03/sf
Sewer Permit	\$35.00
Sewer Capacity Fee (Meter Size_____)	\$
Water Permit	\$35.00
Water Capacity (Meter Size_____)	\$
Grade Inspection	\$100.00
Park Exaction(if any)	\$
IMPACT FEES:	
Park_____Police_____Fire_____Municipal_____	\$
Transportation(if any)	\$
ERU	\$

Form A -DEVELOPMENT IMPACT FEE CALCAULATION FORM

CITY OF DELAWARE, OHIO

Applicant for Building Permit shall complete items 1 thru 11, which shall be consistent with all information on the Building Permit Application filed by the Applicant. This Form shall be submitted with the Building Permit Application. The Building Official shall verify information in items 1 thru 11, and forward the Development Impact Fee Calculation Form to the Planning Department.

(1) Date _____

(2) Name, Address & Phone of applicant _____

(3) Name of property owner _____

(4) Property parcel number and/or subdivision lot number _____

(5) Date of building permit application/building permit application number _____

(6) Building permit application NO's (internal use only) _____

(7) Amount and type of proposed development

Residential/DU's

single-family, detached _____

townhouse/duplex _____

all other _____

Total DU's: _____

Non-Residential/1,000 sq. ft. GFA

Com/shop Ctr 50,000 sf or less _____

Com/shop Ctr 50,001-100,000 sf _____

Com/shop Ctr 100,001-200,000 sf _____

Com/shop Ctr over 200,000 sf _____

Office/Inst. 25,000 sf or less _____

Office/Inst. 25,001-50,000 sf _____

Office/Inst. 50,001-100,000 sf _____

Office/Inst. Over 100,000 sf _____

Business Park _____

Light Industrial _____

Warehousing _____

Manufacturing _____

Total Non-residential _____

(8) Development Impact Fee Calculation:

Amount & Type of Land Use	Parks	Police	Fire/EMS	Municipal	Total
Residential Development					
_____ DU's Single-family, detached					
_____ DU's Single-family, detached					
_____ DU's All other					
_____ DU's Total					
Non-Residential Development					
Com/Shop Ctr 50,000 sf or less					
Com/Shop Ctr 51,001-100,000 sf					
Com/Shop Ctr 100,001-200,000 sf					
Com/Shop Ctr over 200,000 sf					
Office/Inst. 25,000 sf or less					
Office/Inst 25,001-50,000 sf					
Office/Inst 50,001-100,000 sf					
Office/Inst over 100,000 sf					
Business Park					
Light Industrial					
Warehousing					
Manufacturing					
Total Amount	\$	\$	\$	\$	\$

Instructions:

- (a) In Column 1, insert the total amount of the proposed development, by land use categories as set forth.
- (b) In Columns 2 through 4, multiply the amount of development by land use category by the applicable Development Impact Fee for that land use category as set forth in the individual public facility Development Impact Fee ordinances currently in effect. (Note that not all land use categories will be filled in for a particular development and therefore that Development Impact Fees need not be calculated for all land use categories listed in Column 1. Note also that not all Development Impact Fees apply to every category of land use, e.g., the Park and Recreation Facilities Development Impact Fees apply only to residential development)
- (c) At the bottom of Columns 2 through 4, the total Development Impact Fees by public facility will be shown.
- (d) In Column 5, the total Development Impact Fees for all public facilities by land use category will be shown.
- (e) At the bottom of Column 5, the "grand total" of all Development Impact Fees to be imposed on the proposed development will be shown.

(9) Exemption requested [Exemption must be requested at time of Application for Building Permit]:

Yes No

[If yes, include copy of Form B-Request for Exemption From Development Impact Fees.]

(10) Offset requested: [Offset must be requested at time of Application for Building Permit]:

Yes No

[If yes, include copy of Form C - Request for Offset Form]

(11) All information submitted by applicant is true and accurate:

[Applicant Signature]

[Date]

STOP. THE FOLLOWING CERTIFICATIONS ARE TO BE COMPLETED BY THE PLANNING DIRECTOR AND OTHER CITY DEPARTMENTS, STAFF AND OFFICIALS, AS APPROPRIATE.

[ACTION - TRANSFER OF FORM AND SUPPORTING MATERIALS FROM BUILDING OFFICIAL TO PLANNING DIRECTOR]

(12) Date of receipt of development impact fee calculation form:

(13) Building permit official verification of items 1 through 11 and transfer of form to planning director. Date:

(14) Form A reviewed by:

Name:

Title:

Department:

(15) Initial development impact fee calculation reviewed by Planning Director:

Date: _____;

Approved

Disapproved

If disapproved, explain why:

If disapproved, provide revised Development Impact Fee calculation: \$_____ and notify Applicant.

(16) If exemption was requested, Form B, request for exemption and supporting documentation reviewed by:

Name:

Title:

Department:

(17) Exemption request review completed:

Date:

(18) ACTION BY CITY ON REQUEST FOR EXEMPTION:

Approved

Approved, subject to the following conditions: _____

Denied

Inadequate information on which to base a decision [specify additional information needed]: _____

(19) IF OFFSET WAS REQUESTED, FORM C, OFFSET REQUEST AND SUPPORTING DOCUMENTATION REVIEWED BY:

Name:
Title:
Department: _____

(20) OFFSET REQUEST REVIEW COMPLETED: Date: _____

(21) ACTION BY CITY ON REQUEST FOR OFFSET:

- Approved
- Approved, subject to the following conditions: _____
- Denied
- Inadequate information on which to base a decision [specify additional information needed]: _____

(22) IF APPROVED OR APPROVED SUBJECT TO CONDITIONS, AMOUNT OF EXEMPTION/OFFSET (BY PUBLIC FACILITY DEVELOPMENT IMPACT FEE)

Public Facility	Amount of Fee Pursuant to Form A (Without Exemption or Offset)	Exemption/Offset Amount	Revised Final Development Impact Fee
Parks and Recreation	\$	\$	\$
Police	\$	\$	\$
Fire/EMS	\$	\$	\$
Municipal	\$	\$	\$
TOTAL:	\$	\$	\$

(23) FINAL DEVELOPMENT IMPACT FEE CALCULATION VERIFICATION, INCLUDING EXEMPTION, IF APPROVED BY MAYOR AND CITY COUNCIL AND OFFSET, IF APPLICABLE AND APPROVED:

[Planning Director Signature] [Date]

(24) FINAL DEVELOPMENT IMPACT FEE CALCULATION AGREED TO BY APPLICANT:

[Applicant Signature] [Date]