

CITY OF CANTON COMMERCIAL PLAN REVIEW APPLICATION

BUILDING INSPECTION DEPT., 424 MARKET AVE. N., 3RD FLOOR, CANTON OH 44702
 330-430-7800 FAX: 330-430-7848 www.cantonohio.gov

ORIGINAL SUBMITTAL DATE

EXAMINATION NO.

PREVIOUS PLAN EXAM

PROJECT ADDRESS _____

New addresses for commercial property can be obtained by calling Civil Engineering at 330-489-3381. Applicant is responsible to verify that the job location is in the City Limits of Canton. **NO REFUNDS WILL BE ISSUED.**

OFFICE USE ONLY

SUBMITTAL DATE	FEE	CASH	CHECK	MAIL	COUNTER	BLDG	ELEC	FIRE ALRM	HVAC	IND UNIT	PLBG	SPRINK SYS	HOOD SYS	SIGN
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 ST _____	\$ _____	\$ _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ND _____	\$ _____	\$ _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 RD _____	\$ _____	\$ _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED IN ITS ENTIRETY BY APPLICANT (AGENT OR OWNER)

<p>Professional Designer (Author of drawings)</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, & Zip _____</p> <p>Phone () _____ Fax () _____</p> <p>Email(please provide) _____</p> <p>Ohio Registered Architect or Engineer No. _____</p> <p>Other Registered Number _____</p>	<p>Owner's Agent (Contractor-Architect-Engineer-Occupant)</p> <p>Name _____</p> <p>Responsibility to Owner _____</p> <p>Address _____</p> <p>City, State, & Zip _____</p> <p>Phone () _____ Fax () _____</p> <p>Email(please provide) _____</p>
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Owner of Structure Name _____ Address _____

City, State, & Zip _____ Phone () _____ Fax () _____

STATE IN DETAIL PROPOSED USE OF THIS BUILDING AND SCOPE OF PROJECT _____

ESTIMATED TOTAL PROJECT COST: \$ _____ GENERAL CONST (NEW) \$ _____ (RENOVATION) \$ _____

TYPE OF WORK: NEW BUILDING ADDITION ALTERATION/RENOVATION OTHER _____

A. Existing (present) Use Group A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H
I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U N/A

B. New (proposed) Use Group A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H
I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U N/A Vacant

C. Mixed Uses and Occupancy Non Separated Separated Use Separate Bldg N/A

D. Existing (present) Construction Classification
1A 1B 2A 2B 3A 3B 4 5A 5B N/A

E. New (proposed) Construction Classification
1A 1B 2A 2B 3A 3B 4 5A 5B N/A

F. Existing (present) Floor Area _____ S.F. Height _____ Ft. # of Stories _____ Total S.F. _____

G. New (proposed) Floor Area _____ S.F. Height _____ Ft. # of Stories _____ Total S.F. _____

H. Total Gross Building Area: _____ S.F. Area of Work: _____ S.F.

I. Area Limitations General Limitation Unlimited Area Building

J. Existing (present) Building Fire Sprinkler System Total Partial None Sprinkler System N/A

K. New (proposed) Building Fire Sprinkler System Total Partial None

L. Is Structure Located in Flood Plain Yes (Complete M) No (Go to N)

M. Elevation of First Level of Habitable Space _____

N. Is Building Handicap Accessible Yes No ADA Parking Spaces Available _____ Total Parking Spaces _____

O. Give Occupant Load _____ SF Method _____ Actual/Proposed # of Employees _____

(COMPLETE REVERSE SIDE)

APPLICABLE PLAN REVIEW FEE CALCULATIONS

	APPLIC. FEE	+ SQ. FOOTAGE FEE	=	SUBTOTAL
BUILDING/STRUCTURAL	\$100.00	+ \$2.00/100 SF	=	_____ .00
ELECTRICAL	\$100.00	+ 2.00/100 SF	=	_____ .00
FIRE ALARM	\$100.00	+ 2.00/100 SF	=	_____ .00
HVAC	\$100.00	+ 2.00/100 SF	=	_____ .00
INDUSTRIALIZED UNIT	\$100.00	+ 2.00/100 SF	=	_____ .00
PLUMBING	\$100.00	+ 2.00/100 SF	=	_____ .00
SPRINKLER SYSTEM	\$100.00	+ 2.00/100 SF	=	_____ .00
HOOD SYSTEM	\$100.00	FLAT FEE	=	_____ .00
SIGN / CANOPIES	\$100.00	FLAT FEE	=	_____ .00
				=====
		SUBTOTAL	\$	_____
OBBS ASSESSMENT (do not round up)		3% OF SUBTOTAL	\$	_____
		TOTAL FEE	\$	_____

*ROUND SF OF AREA OF WORK TO NEXT 100 SF FOR SF FEE PURPOSES

*DRAWINGS WILL NOT BE PROCESSED UNTIL FEES HAVE BEEN PAID

*MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE CITY OF CANTON

*FEES ARE BASED UPON TOTAL SF OF NEW WORK + SF OF ALL RENOVATED AREAS (TOTAL AREA OF WORK)

*ANY QUESTIONS WITH FEES, PLEASE CONTACT OUR STAFF

- NOTES:** (1) For new buildings and additions, a ZONING PERMIT must be obtained before a Building Permit can be issued. Typically six (6) copies of a Site Plan must be submitted to the Zoning Dept. for review. For further info, contact the Zoning Dept. at (330) 438-4726.
- (2) All projects located within the Special Improvement District (SID) in downtown Canton, please contact The Architectural Review Board at (330) 458-2091. (www.cantonchamber.org)

All mandatory information is on the submitted construction documents (including four (4) bound sets of plans and specifications), and is submitted herewith for plan review and approval. For the above referenced project, this letter is to certify that I am the author of the drawings and have prepared the plans and specifications to conform to the requirements of the current Oho Building Code (OBC) and Chapters 3781 and 3791 of the Revised Code. This submittal contains information to be in compliance with OBC 106.

Signature: Professional Designer of Drawings _____ Date _____

Applicant serving as owners' agent certifies that all pertinent and respective plans are being submitted at time of original application for plan review. Additional work will require new submittal and additional application fees.

Signature _____ Date _____ Title _____

Print Name _____ Company _____

Phone () _____ Mobile Phone () _____ Email _____

Comments: _____

Office Hours: 8:00am – 4:00pm (M-F)
Preliminary Plan Review: By Appointment
Final Review: 4 Sets + Application + Fee