FOR OFFICE USE ONLY		**FOR OFFICE USE ONLY*
DATE RECEIVED		PERMIT NUMBER

EST 1808
CITY OF
DELAWARE
OHIO

Commercial Building & Zoning Application

Email electronic (unlocked PDF) of complete drawings and specifications (including a Water Usage Tabulation form) with this application. Approved plans and permit must be on the job site and accessible to the inspector. *List of subcontractors must be submitted with all applications and all contractors must be registered with the City of Delaware*. Payments not accepted at time of permit submittal. ****3% state fee may apply.**

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.

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

Project Address _____

Name of Project/Business Name _____

Owner of Property _____ Phone _____ Email _____

Emergency Contact Phone Number _____

Parcel Number _____

Contact (when permit is ready) _____ Phone _____ Email _____

Contractor (Primary/General) _____ Phone _____ Email _____

Architect/Engineer _____ Phone _____ Email _____

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

Board of Zoning Appeals Approval # (if applicable) _____

Class of Work (circle one): 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 square feet (include mezzanines) _____

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 applicable – circle one) **New Construction** **Addition** **Alteration**

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

Mechanical Work (if applicable)

Heating system New | Replacement | Conversion

Prefab Fireplaces (number) | Heating BTU | Cooling Tons

Type of Fuel | Furnaces (number) | Air Handlers

Hot Water Boilers | Rooftop 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 applicable)

Describe Proposed System | Square Foot

Is suppression system required? (circle) Yes No | System Demand GPM

Storage Configuration/Aisle Width

Hazard Classification (Circle) Light Ord 1 Ord 2 Ex 1 Ex 2 Other

New Construction | Alteration | Repair or Replacement

Fire Alarm System (circle)	Yes	No	Number of Stations	Existing	Proposed
Smoke Detectors (circle)	Yes	No	Number of Detectors	Existing	Proposed
Sprinklers (circle)	Yes	No	Number of Heads	Existing	Proposed
Standpipes (circle)	Yes	No	Number of Standpipes Proposed		
Commercial Kitchen Hoods (circle)	Yes	No	Number of Heads Proposed		
Spray Booths (circle)	Yes	No	Number of Heads Proposed		
Fire Detection System (circle)	Yes	No	Number of Smoke Detectors		
Number of Heat Detectors			Number of Fire Detectors		
Smoke Control System (circle)	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