



**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/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) \_\_\_\_\_

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**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 \_\_\_\_\_

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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
<b>Residential Development</b>					
_____ DU's Single-family, detached					
_____ DU's Single-family, detached					
_____ DU's All other					
_____ DU's Total					
<b>Non-Residential Development</b>					
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					
<b>Total Amount</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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]