

Plan Review Application Number \_\_\_\_\_

**City of Wooster Development Department**  
**Building Standards Division**

City of Wooster Municipal Building  
Building Standards Division  
538 N. Market St  
Wooster, Ohio 44691  
330.263.5241 Fax: 330.263.5274

**COMMERCIAL PLAN REVIEW APPLICATION**

This is not an application for a building or zoning permit.

**Plan review for Non-Residential:** *(Please Circle)*

*Building*

*Electric, HVAC or Plumbing*

*Fire Alarm, Fire Suppression, Hoods*

Complete this application (both sides). **Four copies** of the site plan and construction drawings must be submitted with this application. Three sets will be retained by the Bldg Division for reference and one set will be returned (marked "keep at site for reference"). With a complete submission, **expect review to be completed within 30 days.**

**This is an application for plan review only. Separate applications must be completed for zoning, building or other construction permits.**

**Project address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

or Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Lessee City/State/ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Architect/ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

or City/State/ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

if known Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Project Type:** NEW ADDITION ALTERATION CHANGE IN OCCUPANCY OTHER

**Describe Project:** \_\_\_\_\_

**Total Building Area in Square Feet:**  
The total square feet is based on exterior dimensions. Include cellars, basements, attached garages, habitable portions of half stories or attics, covered porches, etc. Do not include uncovered porches, patios, crawl spaces or non-habitable attic areas. Include accessory structures in the total square feet.

Basement \_\_\_\_\_ First Floor \_\_\_\_\_ Other Floors \_\_\_\_\_ Accessory Structures \_\_\_\_\_

**Total square footage:** \_\_\_\_\_ Plan Review fee is based on total square footage. For alterations and additions, calculate area being altered or added.

**Applicant Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Site Plan, Type of Construction, Occupancy, Suppression, Height and Area, and Floodplain Information**

*This section must be completed in full for all plan reviews.*

***Fill Out Completely***

**Site Information:**

- 1. FRONT SETBACK \_\_\_\_\_ SIDE YARD SETBACKS \_\_\_\_\_ & \_\_\_\_\_ REAR SETBACK \_\_\_\_\_
- 2. EXISTING BLDG. SQ. FT. \_\_\_\_\_ PROPOSED CONSTRUCTION/ADDITION SQ. FT. \_\_\_\_\_
- 3. NO. PARKING SPACES (IF APPLICABLE) \_\_\_\_\_ (to determine number of required accessible spaces)

**Construction Type Information:**

Type of Construction: Circle one

- |                                |   |   |
|--------------------------------|---|---|
| Non-Combustible<br>1A 1B 2A 2B | Non-Combustible/Combustible<br>3A 3B 4 (Heavy Timber) | Combustible (typical wood frame)<br>5A 5B |
|--------------------------------|---|---|

**Occupancy/Use Information:**

Circle one or more if separated mixed use.

- |                        |                          |                        |                         |                  |                     |
|------------------------|--------------------------|------------------------|-------------------------|------------------|---------------------|
| <u>ASSEMBLY</u>        | <u>INSTITUTIONAL</u>     | <u>RESIDENTIAL</u>     | <u>EDUCATIONAL</u>      | <u>FACTORY</u>   | <u>HIGH-HAZZARD</u> |
| A-1 Theater            | I-1 Group Home           | R-1 Hotel/Motel        | E Grades 1 – 12         | F-1 Moderate Haz | H-1,2,3,4,5         |
| A-2 Rest/Tavern        | I-2 Hospital/Nurse Hm.   | R-2 Multi-family       | E Day Care (<5 infants) | F-2 Low Haz      | <u>BUSINESS</u>     |
| A-3 Worship/recreation | I-3 Correctional         | R-3 Independent Egress | <u>UTILITY/MISC.</u>    | <u>STORAGE</u>   | B All business      |
| A-4 Indoor sports      | I-4 Adult/Child Day Care | R-4 Assisted Living    | U All Misc.             | S-1 Moderate Haz | <u>MERCANTILE</u>   |
| A-4 Outdoor sports     |                          |                        |                         | S-2 Low hazard   | M All mercantile    |

**Fire Suppression System:**

- Full     Limited (describe) \_\_\_\_\_     None

**Proposed Building Height and Area:** \_\_\_\_\_ Height/#Stories    \_\_\_\_\_ Area Sq. Ft.

**Floodplain / Floodway:**    Is the building located in the Flood Plain or Floodway? \_\_\_\_\_

**Pre-paid Plan Review Fees (required when plans are submitted)**

BASE FEE:	\$80.00	\$ _____
TOTAL AREA:	\$.03 PER SQUARE FOOT (see Page 1)	\$ _____
SUBTOTAL		\$ _____
STATE CHARGE (3% OBBC SURCHARGE)		\$ _____
<b>TOTAL PLAN REVIEW FEES REQUIRED:</b>		<b>\$ _____</b>

**This is an application for Plan Review only.**  
Construction and zoning permit applications must be completed separately.