

Application Number _____

Approved By _____

Permit Number _____

Date _____

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

**City of Wooster Municipal Building
Building Standards Division
538 N. Market St.**

**ELECTRICAL, PLUMBING, HVAC, FIRE ALARM
OR SUPPRESSION PERMIT APPLICATION**

**Wooster, Ohio 44691
330.263.5241 Fax: 330.263.5274**

(Commercial or Residential)

INSTRUCTIONS: ALL REQUIRED INFORMATION MUST ACCOMPANY THIS APPLICATION. COMPLETE THE APPLICABLE **BLUE BOXES** ON BOTH SIDES.

Project address: _____ **Date:** _____

Owner or Lessee
Name: _____ Phone: _____
Address: _____ Fax: _____
City/State/ Zip: _____ E-mail: _____

Contractor or Agent
Name: _____ Phone: _____
Address: _____ Fax: _____
City/State/ Zip: _____ E-mail: _____

State of Ohio Trade Registration/License No. _____ Expires: _____
(For Electric/HVAC/Plumbing/Fire Alarm or Suppression)

Work to be Done: NEW ADDITION ALTERATION REPAIR OR REPLACEMENT OTHER

Type of Permit: ELECTRICAL PLUMBING HVAC OTHER INCLUDES: Fire Suppression, Fire Alarms and Others

Describe Work: _____

Estimated Cost of Work Performed Under this Permit: _____

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: _____ Building permit fee is based on total square footage. For alterations and additions, calculate area being altered or added.

For RESIDENTIAL Electric, HVAC and Plumbing permits:

Expect approval within approximately 3 days.

Contractors must be Licensed Trades Contractors unless an owner is performing the work on a house occupied by the owner.

For COMMERCIAL Electric, HVAC, Plumbing, Fire Alarm or Fire Suppression permits:

After plan approval has been obtained, expect approval within 3 days.

If plans must be submitted and approved, a separate application for plan review is required.

Contractors must be Licensed Trades Contractors.

- FAILURE TO OBTAIN FINAL INSPECTIONS PRIOR TO OCCUPANCY IS ILLEGAL AND MAY RESULT IN PENALTY.
- WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.
- RESIDENTIAL PERMITS SHALL BECOME NULL AND VOID IF CONSTRUCTION IS NOT STARTED WITHIN 6 MONTHS.
- COMMERCIAL PERMITS SHALL BECOME NULL AND VOID IF CONSTRUCTION IS NOT STARTED WITHIN 12 MONTHS.
- ALL PERMITS SHALL BECOME NULL AND VOID IF WORK IS SUPENDED FOR A PERIOD OF 6 MONTHS.
- **REQUIRED INSPECTIONS CAN BE ARRANGED BY CALLING 330-263-5241.**
- **ALLOW 48 HOURS SCHEDULING NOTICE.**

Signature and Validation (must have valid signature)

1. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the agent on his behalf and all information is true and accurate.
2. I agree to conform to all applicable laws of the City of Wooster, all applicable codes and provisions stated in this application.
3. I agree to obtain the required inspections and no part of the structure will be occupied until after obtaining the final inspections and occupancy has been approved. I agree that authorized inspectors shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code applicable to such permit.

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____ **DATE:** _____

Fees (completed by Building Division)

BASE FEE:	\$90 FOR RESIDENTIAL OR COMM PROJECT COST OF \$5,000 OR LESS-----	\$ _____
	\$180 FOR RESIDENTIAL OR COMM PROJECT COST OF \$5,001 OR MORE -----	\$ _____
TOTAL AREA:	ALL PERMITS \$.05 PER SQUARE FOOT -----	\$ _____
	\$75 FOR RESIDENTIAL UNIT REPLACEMENT ----- (Includes: electric service, water heater, furnace, A/C unit, etc.)	\$ _____
SUB TOTAL	-----	\$ _____
STATE CHARGE:	3% COMMERCIAL OR 1% RESIDENTIAL TO OBBS -----	\$ _____
TOTAL FEES AND DEPOSIT REQUIRED	-----	\$ _____
MISCELLANEOUS FEES NOT PART OF PERMIT FEES:		
SAFETY OR MISC CONDITION INSPECTION = \$80	-----	\$ _____
REINSPECTION FEE = \$60	-----	\$ _____

NOTES: