



# COMMERCIAL APPLICATION-PART B

Submit One Application For Each Building Or Structure.  
**PLEASE PRINT OR TYPE.** See Reverse Side For Information

Montgomery County Building Regulations Division  
 451 W. Third Street • P.O. Box 972 • Dayton, Ohio 45422  
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Address \_\_\_\_\_

City/Village/Township: \_\_\_\_\_

**Items 1-10 Must be Answered for Building Permits Only**

- 1. This Project consists of** (Check all that Apply):
- New Construction  Alteration/Repair/Remodeling
  - Addition  Same Use or Occupancy as previous occupant
  - New Use or Occupancy, but no construction anticipated.
  - Certificate of Occupancy only. No construction anticipated.

- 2. The Use of this Building or Structure was/is** (Check all that Apply):  
 (See reverse side for explanation)

Use Group	Previous or Existing	New or Proposed	Use Group	Previous or Existing	New or Proposed
A-1	<input type="checkbox"/>	<input type="checkbox"/>	R-1	<input type="checkbox"/>	<input type="checkbox"/>
A-2	<input type="checkbox"/>	<input type="checkbox"/>	R-2	<input type="checkbox"/>	<input type="checkbox"/>
A-3	<input type="checkbox"/>	<input type="checkbox"/>	R-3	<input type="checkbox"/>	<input type="checkbox"/>
A-4	<input type="checkbox"/>	<input type="checkbox"/>	R-4	<input type="checkbox"/>	<input type="checkbox"/>
A-5	<input type="checkbox"/>	<input type="checkbox"/>	F-1	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	F-2	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	S-1	<input type="checkbox"/>	<input type="checkbox"/>
M	<input type="checkbox"/>	<input type="checkbox"/>	S-2	<input type="checkbox"/>	<input type="checkbox"/>
I-1	<input type="checkbox"/>	<input type="checkbox"/>	H-1	<input type="checkbox"/>	<input type="checkbox"/>
I-2	<input type="checkbox"/>	<input type="checkbox"/>	H-2	<input type="checkbox"/>	<input type="checkbox"/>
I-3	<input type="checkbox"/>	<input type="checkbox"/>	H-3	<input type="checkbox"/>	<input type="checkbox"/>
I-4	<input type="checkbox"/>	<input type="checkbox"/>	H-4	<input type="checkbox"/>	<input type="checkbox"/>
U	<input type="checkbox"/>	<input type="checkbox"/>	H-5	<input type="checkbox"/>	<input type="checkbox"/>

- 3. If the overall building includes more than one Use Group, how are they treated:**
- Nonseparated Mixed Use (OBC 508.3.2)
  - Separated Mixed Use (OBC 508.3.3)
  - Separate Buildings
  - Unlimited Area (OBC 507)
  - Incidental Uses (OBC 508.2)

- 4. What is the existing or proposed Type of Construction,** (OBC 602 & 603)? (See reverse side for explanation)
- IA  IB  IIA  IIB  IIIA  IIIB  
 IV  VA  VB

- 5. How does the overall building comply with Area Limitations for the proposed Use(s) and Type of Construction?**

AREA CALCULATIONS (OBC 506.0)	Allowable Area (Sq. ft. per Floor)	Actual Existing and/or Proposed Area (Sq. ft. per Floor)
Base Tabular Area		
Street Frontage Increase		
Sprinkler System Increase		
<b>TOTAL AREA</b>		

**PERMIT NO.** \_\_\_\_\_

- 6. What is the maximum number of occupants** this building or tenant space is designed for (OBC 1004): Existing \_\_\_\_\_ New \_\_\_\_\_

- 7. Construction Documents include:**
- A. Exit Signs and Emergency Lights**  
 Existing  Proposed  None Required
- B. Door Sizes and Hardware Specs**  
 On Plans  In Schedule  In Specifications
- C. Tested Fire Rated Assemblies Rated Walls**   
 Through or Membrane Penetrations  None Required  
**(Tested Assembly numbers must be provided for all)**

- 8. Handicapped Accessibility compliance is:** (OBC CHAP 11)
- A.**  Shown throughout new construction  Shown in altered areas only  
 Not required, because \_\_\_\_\_

- B. Which Edition of ADAAG are you using:**  
 1994  2010

- 9. How many Toilets/Urinals are provided:** (OBC 2902.1)
- Existing: Men \_\_\_\_\_ Women \_\_\_\_\_  
 Proposed: Men \_\_\_\_\_ Women \_\_\_\_\_

- 10. Drinking Fountains and Service Sinks are:** (OBC 2902.1)
- Shown on drawings  Not required  Provided elsewhere.  
 Where? \_\_\_\_\_

**THE FOLLOWING MUST BE ANSWERED FOR BUILDING, FIRE, AND ALARM SYSTEM PERMIT APPLICATIONS:**

- 11. Fire Suppression System Provided:**  None  
 Required System  Non-Required System

- 12. If Provided, Fire Suppression System Designed in Accordance with:**
- NFPA13  NFPA 13R  NFPA 13D  Limited Area Protection  
 Other \_\_\_\_\_

- 13. Hazard Classification Suppression Designed for** (check all that apply):
- Light Hazard  Ordinary Hazard, group 1  
 Ordinary Hazard, Group 2  Extra Hazard, Group 1  
 Extra Hazard, Group 2  Special Hazard: Type \_\_\_\_\_  
 Commodity Class \_\_\_\_\_

- 14. Fire Alarm System Provided:**  None  
 Required System  Non-Required System

- 15. If Provided, Fire Alarm System consists of:**
- Manual Pull Stations Only  
 Automatic Fire Detection System  
 Single and Multiple Station Smoke Alarms  
 Other \_\_\_\_\_

# CONSTRUCTION TYPES PER OBC CHAPTER 6

Noncombustible			Noncombustible/Combustible			Combustible		
<b>1A</b>	<b>1B</b>	<b>2A</b>	<b>2B</b>	<b>3A</b>	<b>3B</b>	<b>4</b>	<b>5A</b>	<b>5B</b>
Protected		Protected	Unprotected	Protected	Protected	Heavy Timber	Protected	Unprotected

## USE GROUPS PER OBC CHAPTER 3 WITH EXAMPLES OF COMMON TYPES

	OBC		OBC
<b>A-1</b>	Theaters	<b>I-1</b>	Residential Care, Group Homes, Halfway Homes
<b>A-2</b>	Nightclubs, Restaurants, Banquet Halls	<b>I-2</b>	Hospitals, Nursing Homes, Assisted Living Facilities with more than 16 Residents
<b>A-3</b>	Libraries, Churches, Dance Halls, Community Halls, Indoor Sports Facilities without Spectator Seating	<b>I-3</b>	Restrained, Prisons, Jails, Detention Centers
<b>A-4</b>	Indoor Sports Facilities with Spectator Seating	<b>I-4</b>	Certain Child or Adult Day Care Facilities
<b>A-5</b>	Outdoor Sports or Recreational Facilities	<b>M</b>	Retail Stores, Markets, Service Stations
<b>B</b>	Banks, Beauty, Shops, Car Washes, Medical and Other Offices, Clinics, Carry-Out Food	<b>R-1</b>	Transient Hotels, Motels, Boarding Houses
<b>E</b>	Schools, Sunday Schools, Certain Day-Care Centers	<b>R-2</b>	Apartments, Non-transient Motels and Hotels, Boarding Houses, Dormitories
<b>F-1</b>	Factories - Moderate Hazard	<b>R-3</b>	Multiple Single-Family Dwellings, Townhouses
<b>F-2</b>	Factories-Low Hazard	<b>R-4</b>	Residential Care / Assisted Living Facilities with up to 16 Residents
<b>H-1</b>	High Hazard -Explosive	<b>S-1</b>	Storage - Moderate Hazard, Group 1 Vehicle Repair Garages
<b>H-2</b>	High Hazard - Flammable/Combustible	<b>S-2</b>	Storage - Low Hazard, Group 2 Garages
<b>H-3</b>	High Hazard - Combustible/Physical Hazard	<b>U</b>	Utility Structures, Cell Towers, Trash Enclosures, Fences, Private Garage
<b>H-4</b>	High Hazard - Health Hazards		
<b>H-5</b>	Hazardous Production Materials Facilities		

## FEE CALCULATION EXAMPLES

For Building Permit Fees, the cost is based upon the Use Group and the Area. See Fee Schedule Table 1 excerpt below. You multiply the Gross Area times the Cost per Square Foot in the appropriate Size Threshold category. Gross Area includes all covered and enclosed space, whether finished or unfinished, including basements, garages, etc. It does not include open attic spaces.

For example: to find the fee for a 7,000 sf. restaurant, which is in the A-2 Use Group, you look at the chart and see that the cost per square foot for buildings between 5,001 and 10,000 SF is \$.12/SF, so the fee = 7,000 SF x .12/SF = \$840.00.

For a Mechanical Permit for the same building, you start with the same calculation as above, then multiply it by 15%, so the fee = 7,000 SF x .12/SF x .15 = \$126.00.

Fire Suppression and Alarm System Permits would be calculated the same way at the Mechanical Permit.

Tenant Fit-Ups, Alterations, Renovations, and Shell Permits are similar, but use a 70% factor instead, so if the restaurant was just being renovated, the fee = 7,000 SF x .12/SF x .7 = \$588.00.

Note that on smaller permits, the Minimum Up-Front fee may supercede the calculated fee, and would therefore be the total fee for that permit. Also note that buildings having additions and alterations done are assessed the sum of each fee, so the addition is charged 100% of the New Work fee, and the alteration is assessed 70% of the new Work Fee.

## GENERAL NOTES

1. Where multiple uses occur the predominant use shall govern the fee assessment for the entire project.
2. For any permit type not specifically listed in the above schedule, the fee shall be calculated to the most similar permit type and use group as determined by the Chief Building Official.

## FEE SCHEDULE EXCERPT

Use Group Designation	Building Use, Occupancy Type	Fee Basis <sup>1</sup>	Project Size Threshold in Square Ft.	Cost per Square Ft.	Minimum Up-Front Fee
A-1, A-2, A-3, A-4, A-5	Theater, Nightclub, Restaurant, Church, Community Hall, Gyms, Indoor Pool	per square ft.	less than or equal to 1,000	0.22	\$100.00
			1,001 to 5,000	0.18	
			5,001 to 10,000	0.12	
			10,001 to 20,000	0.10	
			20,001 to 50,000	0.08	
			over 50,000	0.06	
		per square ft.	less than or equal to 1,000	0.22	\$100.00
			1,001 to 5,000	0.18	
			5,001 to 10,000	0.12	
			over 10,000	0.08	

## YOU MAY ALSO NEED TO CONTACT THE FOLLOWING FOR ADDITIONAL SEPARATE PERMITS:

Project zoning review and approvals are handled by the city or township in which the project is located. Montgomery County Building Regulations does not provide this service. Zoning approval should be submitted with your application for building permit.

Plumbing Permits: 937-225-4421

Food Service/Food Facilities Permits: 937-225-6150

State Swimming Pool Permits: 614-644-3543

State Fire Marshall Office: 614-728-5460

State Boiler Inspection: 614-644-2236

State Elevator Permits: 1-800-523-3581

State Day-Care Licensing, Cincinnati District Office: 513-853-3296

Ohio EPA: 937-285-6357