



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
(937)225-4622 • FAX (937)225-6327 • www.mcoho.org/build

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
A1	<input type="checkbox"/>	<input type="checkbox"/>	H-4	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input type="checkbox"/>	<input type="checkbox"/>	H-5	<input type="checkbox"/>	<input type="checkbox"/>
A3	<input type="checkbox"/>	<input type="checkbox"/>	I-1	<input type="checkbox"/>	<input type="checkbox"/>
A4	<input type="checkbox"/>	<input type="checkbox"/>	I-2	<input type="checkbox"/>	<input type="checkbox"/>
A5	<input type="checkbox"/>	<input type="checkbox"/>	I-3	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	I-4	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	M	<input type="checkbox"/>	<input type="checkbox"/>
F-1	<input type="checkbox"/>	<input type="checkbox"/>	R-1	<input type="checkbox"/>	<input type="checkbox"/>
F-2	<input type="checkbox"/>	<input type="checkbox"/>	R-2	<input type="checkbox"/>	<input type="checkbox"/>
H-1	<input type="checkbox"/>	<input type="checkbox"/>	R-3	<input type="checkbox"/>	<input type="checkbox"/>
H-2	<input type="checkbox"/>	<input type="checkbox"/>	R-4	<input type="checkbox"/>	<input type="checkbox"/>
H-3	<input type="checkbox"/>	<input type="checkbox"/>	S-1	<input type="checkbox"/>	<input type="checkbox"/>
			S-2	<input type="checkbox"/>	<input type="checkbox"/>
			U	<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		
TOTAL AREA		

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)

- ☐ Shown throughout new construction ☐ Shown in altered areas only
☐ Not required, because _____

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. Building ☐ **is** ☐ **is not** **Fire Suppressed.** If suppressed, it is by the following (Check all that apply):

- ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☐ Limited Area
☐ NFPA 231 ☐ NFPA 231C ☐ Other _____

12. If Suppressed, the Hazard Classification is (Check all that apply):

- ☐ Light ☐ Ordinary Hazard, Group 1 ☐ Ordinary Hazard, Group 2
☐ Extra Hazard, Group 1 ☐ Extra Hazard, Group 2
☐ Special Occupancy Hazard: Type _____
Commodity Class _____

13. Suppression System is supervised by means of: (OBC Chapter 9)

- ☐ Central Station ☐ Proprietary ☐ Remote-Station
☐ Supervisory Service ☐ Locking Valves Open

14. Building ☐ **does** ☐ **does not** **have a Fire Alarm System.**

If it does, the system consists of:

- ☐ Manual Pull Stations only (OBC Chapter 9)
☐ Automatic Fire Detection System (OBC Chapter 9)
☐ Single-and Multiple-Station Smoke Detectors (OBC Chapter 9)

CONSTRUCTION TYPES PER OBC CHAPTER 6

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

USE GROUPS PER OBC CHAPTER 3 WITH EXAMPLES OF COMMON TYPES

	OBC
A-1	Theaters
A-2	Nightclubs, Restaurants, Banquet Halls
A-3	Libraries, Churches, Dance Halls, Community Halls, Indoor Sports Facilities without Spectator Seating
A-4	Indoor Sports Facilities with Spectator Seating
A-5	Outdoor Sports or Recreational Facilities
B	Banks, Beauty, Shops, Car Washes, Medical and Other Offices, Clinics, Carry-Out Food
E	Schools, Sunday Schools, Certain Day-Care Centers
F-1	Factories - Moderate Hazard
F-2	Factories - Low Hazard
H-1	High Hazard - Explosive
H-2	High Hazard - Flammable/Combustible
H-3	High Hazard - Combustible/Physical Hazard
H-4	High Hazard - Health Hazards
H-5	Hazardous Production Materials Facilities

	OBC
I-1	Residential Care, Group Homes, Halfway Homes
I-2	Hospitals, Nursing Homes, Assisted Living Facilities with more than 16 Residents
I-3	Restrained, Prisons, Jails, Detention Centers
I-4	Certain Child or Adult Day Care Facilities
M	Retail Stores, Markets, Service Stations
R-1	Hotels, Motels, Transient Boarding Houses (less than 30 days)
R-2	Apartments, Non-transient Boarding Houses, Dormitories
R-3	Multiple Single-Family Dwellings, Townhouses
R-4	Residential Care / Assisted Living Facilities with up to 16 Residents
S-1	Storage - Moderate Hazard, Group 1 Vehicle Repair Garages
S-2	Storage - Low Hazard, Group 2 Garages
U	Utility Structures, Cell Towers, Trash Enclosures, Fences, Private Garage

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 charge 100% of the New Work fee, and the alteration is assessed 70% of the new Work Fee.

GENERAL NOTES

- Where multiple uses occur the predominant use shall govern the fee assessment for the entire project.
- 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

Table 1 - Fee Cost Per Use Group and Area					
Use Group Designation	Building Use, Occupancy Type	Fee Basis ¹	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

State Fire Marshall Office: 614-728-5460

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

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

State Boiler Inspection: 614-644-2236

Ohio EPA: 937-285-6357

State Swimming Pool Permits: 614-644-3543

State Elevator Permits: 1-800-523-3581