

**---- FAYETTE COUNTY BUILDING DEPARTMENT ----**

121 E. East Street - Washington C.H., Ohio 43160 P (740) 335.2212 F (740) 335.6644  
 Fayette County Website [www.fayette-co-oh.com](http://www.fayette-co-oh.com)

**COMMERCIAL – PLAN APPROVAL PERMIT FEE SCHEDULE**

Project Name: \_\_\_\_\_

Permit No:     C-    

**Affected Gross Floor Area (AGFA)** – The floor area affected by the improvements divided by 100.

1. New Structures – Total gross interior area and covered exterior area of new structure.
2. Additions – Total gross interior area and covered exterior area of new addition.
3. Alterations – Total gross interior area and covered exterior area affected by the improvement.
4. Signs – Total face area of the proposed sign (X2 if two sided).

Gross area shall be calculated to outside face of structural framing and shall include all interior areas, basement areas, covered exterior areas, balconies and mezzanines. Gross area shall be rounded up to the next whole number. Signs less than 32 SF – See Description I.

**Affected Gross Floor Area (AGFA) Calculations:**

Lower (Basement) Floor Area	_____	Covered Exterior Area	_____
Ground (First) Floor Area	_____	Balcony Area	_____
Second Floor Area	_____	Other Area	_____
Third Floor Area	_____	Sign Face Area	_____

**Total Area** \_\_\_\_\_ **SF / 100 = Total AFGA** \_\_\_\_\_

**Description** (New Buildings, Industrialized Units, Additions, Major Alterations Follow Items A – G)

		<b>Fee</b>	<b>Total</b>
<b>A. General Building &amp; Structural</b>	Review Fee:	<u>\$ 200.00</u>	
Review, Processing, & Inspections	_____ AGFA x \$ 8.00 =	_____	_____
<b>B. Heating, Ventilating &amp; Air Conditioning (HVAC)</b>	Review Fee:	<u>\$ 200.00</u>	
	_____ AGFA x \$ 5.00 =	_____	_____
<b>C. Electrical</b>	Review Fee:	<u>\$ 200.00</u>	
	_____ AGFA x \$ 5.00 =	_____	_____
<b>D. Plumbing</b>	<b>(From Plumbing Worksheet B)</b>		_____

**SIDE ONE SUBTOTAL**    \$ \_\_\_\_\_

<b>SUBTOTAL FROM OTHER SIDE</b>		\$ _____
<b>E. Fire Alarm</b>	Review Fee: <u>\$ 200.00</u>	
	_____ AGFA x \$ 5.00 = _____	
<b>F. Fire Sprinkler</b>	Review Fee: <u>\$ 200.00</u>	
	_____ AGFA x \$ 5.00 = _____	
<b>G. Industrialized Unit</b>	Review Fee: <u>\$ 200.00</u>	
	_____ AGFA x \$ 5.00 = _____	
<b>H. Preliminary Plan Review</b>	<u>\$ 200.00</u>	
<b>I. Minor Alteration (Major Alterations – Follow items A-G)</b>		
Minor Building Alteration	<u>\$ 150.00</u>	
Minor Electrical Alteration/New & Service Size Upgrade	<u>\$ 150.00</u>	
Minor HVAC Alteration/Equipment Replacement over 5 Ton	<u>\$ 150.00</u>	
Minor Plumbing Alteration	<u>\$ 150.00</u>	
Fire Protection (20 Heads/Devices or less)	<u>\$ 150.00</u>	
Fire Protection (over 20 Heads/Devices – Follow Items E or F)		
Building Re-Roof/Re-Cover	<u>\$ 150.00</u>	
After-Hours Emergency Inspection	<u>\$ 150.00</u>	
<b>J. Signs</b>		
Wall Signs w/ Single Circuit Electric	<u>\$ 150.00</u>	
Ground Signs No Electric - Combined Sides Face Area up to 32 SF	<u>\$ 150.00</u>	
Ground Signs w/ Electric & Face Area over 32 SF (Follow Items A & C)		
<b>K. Other</b>		
Demolition	<u>\$ 75.00</u>	
Temporary Trailer/Tent	<u>\$ 75.00</u>	
Existing Electric Service Inspection/Repair/Release	<u>\$ 75.00</u>	
Temporary Electric Service	<u>\$ 75.00</u>	
Water Heater/HVAC Equipment Replacement (5Ton & Less)	<u>\$ 75.00</u>	
Other _____	<u>\$ 75.00</u>	
<b>L. Miscellaneous</b>		
Permit Expiration Extension Fee	<u>\$ 75.00</u>	
Additional Plan Review Fee (3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> ....)	<u>\$ 75.00 Ea.</u>	
Performing Work without a Permit	<u>\$ 75.00</u>	
Special/Excessive Handling Fee	<u>\$ 75.00</u>	
<b>M. Certificate of Use &amp; Occupancy</b>	<u>\$ 75.00</u>	
	<b>FINAL SUBTOTAL</b>	_____
<b>N. Ohio Board of Building Standards Fee:</b>	<u>Add 3%</u>	_____
<b>O. Total Fee Due:</b> (Check or Money Order Payable to: "Fayette County Building Department")		\$ _____

**Permit fees are calculated by the Fayette County Building Department when plans are approved.  
Total Permit fee is due when drawings are approved and ready to pick up.**

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**COMMERCIAL – PLUMBING APPROVAL PERMIT FEE SCHEDULE**

Project Name: \_\_\_\_\_

Permit No:     C-    

Count	Fixture Description	Count	Fixture Description	Count	Fixture Description
	Air Admittance Valve		Interceptors, Garage/Oil		Sinks, Plaster
	Aspirators		Interceptors, Grease		Sinks, Scullery
	Autopsy Tables		Interceptors, Sand		Sinks Food Prep
	Backflow Devices		Lavatories		Sinks, Mop
	Bidets		Piping Systems, Sanitary		Sinks, Surgical
	Dental Cuspidors		Piping System, Storm		Sinks, X-Ray
	Dental Lavatories, Chair		Piping Systems, Water		Sinks, Bar
	Dilution Sumps		Piping Systems, Gas		Tubs, Bath
	Drains, Floor		Sterilizers		Tubs, Laundry
	Drains, Roof Storm		Sump-Pumps		Urinals
	Expansion Tanks		Softener		Valves, Pressure Reducer
	Fountains, Baptismal		Sewage Ejectors		Valves, Tempering
	Fountains, Drinking		Shampoo Bowls		Washers, Automatic
	Fountains, Soda		Showers		Washers, Bed Pan
	Fountains, Wash		Sinks, Chemical		Washers, Dish
	Garbage Disposals		Sinks, Clinical		Washers, Eye (Emergency)
	Gas Fixture Connection		Sinks, Domestic		Water Closets
	Hose Bibs		Sinks, Floor		Water Heaters
	Hub Drains		Sinks, Instrument		Other _____
	Hot Water Dispensers		Sinks, laboratory		Other _____
	Hydrotherapy Baths		Sinks, Pharmacy		
	Ice Makers				

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ Total Fixtures

Total Fixture Count from above: \_\_\_\_\_ x \$ 20.00 per Fixture..... \$ \_\_\_\_\_

Plumbing Review/Processing Fee: ..... (\$200.00 per structure) ..... \$ 200.00

Total Plumbing Fee to be entered into Worksheet A..... \$ \_\_\_\_\_