

# Franklin Township

## Building Fee Schedule

### Authority

The Building Department provides Franklin Township with inspection and enforcement to ensure safe structures. The standards applied are those of the Ohio Building Code (OBC). Authority to enforce the OBC was granted to Franklin Township effective the 13<sup>th</sup> day of June 2011 by the Ohio Department of Industrial Relations, Board of Building Standards, and by Board of Trustees Resolution No's 10-204, 10-205, and 10-206. Resolution 17-379, states the changes in the Fee Schedule as of December 13<sup>th</sup>, 2017. The OBC regulates all construction types and uses except for residential one, two, and three family structures. The Franklin Township Building Department enforces the OBC through its contract with its Consulting Building Official who serves as Chief Building Official and provides plan review. The Consultant serves as Administrator of OBC compliance purposes and makes all required inspections. For all items inspected by the Building Department, the applicant must provide four sets of documents/plans and a non-refundable deposit of \$250.00. Fees are due and payable upon receipt of approved plans or notice during construction.

**Part 1-Plan Examination Fee:** Plan Examination Fee will be assessed according to the following schedule and will cover the cost of plan review by the plan examiner: \$75.00/ hour plus \$100.00 Township Administration Fee.

### **Part 2- Permit Fees: New Building, Additions, and Renovations:**

- I. Permits for new buildings, additions, and renovations to existing buildings shall be issued to include only the work shown on the approved plans or specifications.
- II. Fees for the new buildings, additions, and/or renovations to existing buildings shall be based on floor or surface area to be computed as follows:
  - a. All floor or surface areas including garage, and basement and floors measured to the outside dimensions at each floor level.
  - b. Crawl Spaces and attic areas shall not be included.

- c. In buildings or areas where there are not walls, the area enclosed by the outside dimensions of the supporting columns shall be included.
- d. In buildings or areas where a roof is supported by a single row of columns, the horizontal projected area of the roof shall be included.
- e. Square footage fee schedule applies to areas of work for addition and renovation projects.

<b>Base Fee (Charge)</b>		<b>Plus Each 100 s.f.</b>
General	\$250.00	\$9.00
Electrical	\$250.00	\$5.45
Sprinkler/Fire Suppression	\$250.00	\$5.45
HVAC/Refrigeration	\$250.00	\$5.45
Fire-alarm	\$250.00	\$5.20 per device

Plus \$100.00 Township Administration Fee.

Minor (Minimum) Permit Fee: Renovation in areas less than 100s.f. for buildings or where a limited amount of work is to be performed for:

Structural: less than 100s.f.	\$200.00
Signs: Includes foundation, electrical and final inspection	\$150.00
Electric: less than 6 fixtures/devices	\$150.00
HVAC: less than 6 fixtures/devices or tying into existing ductwork	\$150.00

**Part 3- Miscellaneous Fees:**

A	Occupancy (Commercial)	A requested inspection for the purpose of checking for compliance with, or changing the Use Group or occupancy of an existing commercial building with no work proposed which would otherwise require a building permit.	\$100.00
B	Annual Inspections	Where an inspection is required by the State, the County, or the Township.	\$200.00
C	After-Hours Inspections	Per hour and per Inspector	\$250.00/HR.
D	Penalty Fee	Assessed when building, electrical, heating or refrigeration work commences without a permit.	Permit fee X 4
E	Re-inspection	Per occurrence	\$150.00
F	Inspection Card	Replacement of card	\$50.00
G	Transfer	Per permit, per transfer	\$100.00
H	Permit Renewal	After one year	\$100.00
I	Preliminary Plan Review	Per Hour	\$100.00
J	Variance		\$200.00
K	Temporary Electric Service		\$150.00
L	And and All Applicable State Fees		TBH
M	<b>Certificates of Occupancy</b>		
	1: Final Certificate is due and payable with Commercial building permit fee		\$75.00
	2: 60 Day Temporary Certificate of Occupancy		\$250.00

# Franklin Township

Franklin County, Columbus, Ohio

## Building Department

2193 Frank Rd

Columbus, Ohio 43223

614-279-9411

*For Department Use Only*

Permit App No: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Site Address:		Parcel # (required):	
Located between		and	
Zoning District:	Flood Plain Zone:	Map #	Dev. Permit No:
Description of project:			
Application Date:		Projected Cost: \$	
Estimated Start Date:		Estimated Finish Date:	
Type of Improvement:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
	<input type="checkbox"/> Change of use	<input type="checkbox"/> Other	<input type="checkbox"/> Repair / Replacement
Application for:			
OBC Use Group: _____ Mixed-use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; separated: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB			
<b>Owners Name:</b>			
Address:			
Phone:		Fax:	Mobile:
E-mail address			
<b>Contractor:</b>			
Address:			
Phone:		Fax:	Mobile:
E-mail address			
<b>Applicant</b>			
Address:			
Phone:		Fax:	Mobile:
E-mail address			
Design Professional:			
<input type="checkbox"/> Architect / <input type="checkbox"/> Engineer			
Address:			
Phone:		Fax:	Mobile:
E-mail address			

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Building Area				
Square Feet Area	New & Additions	Alterations	Change of Use	Occupancy Loads
Basement				
First Floor				
2,3,4 Floor, ETC				
Total Area Square Feet				
Building Permit				
Commercial		Basement:	Block	Poured Wood Other
# of Stories	Height in Feet:		Elevator:	Yes No
Electrical Permit				
Type:	Temporary Service	New Service	Addition/Alteration	Replacement/Repair
Voltage	Phase	Service Conductors:	/ Set # of sets:	
Number of meters:		Number of main disconnects:		
Fire Alarm				
Alarm System:			# of Devices:	
Type:	Local	Central Station	Remote Station	Proprietary Other_____
Fire Suppression				
Sprinklers		Hood Suppression		Limited Area
Type of system:	Wet	Dry	Ani-Freeze	Chemical Other:_____
# of heads:	# of standpipes:		# of risers:	
HVAC Permit				
Describe Heating System		# of units:		
Brand:_____		Output (BTU/HR):		Tons
Model:_____		Fuel Type:		# of outlets
Describe Cooling System		Forced air Radiant Gravity		
Brand:_____		Infrared Heat pump Boiler/Steam		
Model:_____		Condensing Unit Cooling Tower Evaporating Cooler		
Type:	New	Addition	Alteration	Replacement/Repair
Demolition Permit				
Structure(s) to be :	Moved	Demolished		Other:_____
Total square footage of building(s)				
Most recent use of building(s)				
Proposed use of site following demolition:				

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Sign Permit					
Sign height: _____ feet _____ inches	Sign face Area: _____ HT X _____ WD = _____ SQ. Ft				
Is there a comprehensive sign plan for this site?                      YES                      NO					
Type:            Wall                      Ground                      Projection                      Awning                      Canopy                      Subdivision					
Face replacement	Other _____				
Characteristics:            Double Faced                      Permanent                      Temporary                      Illuminated					
Non-Illuminated                      On-premise                      Off-premise                      Other					
Certification					

**All permits shall expire one year from the date of issue. A one time renewal shall be permitted if the original permit has not expired. Renewed permits shall expire one year from the renewal date. I fully understand that no excavation, construction, or structural alteration, electrical, or mechanical installation or alteration of any building, structure, sign or part thereof and no use of the above shall be undertaken or preformed until the permit applied for herein has been approved and issued by the Franklin Township Building Department.**

I hereby certify that I am the owner of the named property, or 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 his/her authorized agent and I agree to confirm to all applicable laws of jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

**A certificate of zoning compliance is required prior to:**

1. The extension, erection or alteration of any existing or new structure
2. Changing the use of buildings or land
3. A disturbance of 1 or more acres of land

For information about certificates of zoning compliance contact: [planning@franklincountyohio.gov](mailto:planning@franklincountyohio.gov)

**I hereby acknowledge that I have read and fully understand the above listed instructions.**

Signature of applicant : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Incomplete                      Complete                      Approved                      Dissapproved

Hold / Date: \_\_\_\_\_ Building Official: \_\_\_\_\_

Reason: \_\_\_\_\_ Plans Examiner: \_\_\_\_\_

**Calculate Fees Here**

- |   |  |
|---|--|
| <input type="checkbox"/> General Structural<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Sprinkler/ Fire Supression<br><input type="checkbox"/> HVAC/Refrigeration<br><input type="checkbox"/> Plan Review Fee<br><input type="checkbox"/> Misc. Charges -<br>Explain _____ | <input type="checkbox"/> Final Certificate of Occupancy<br><input type="checkbox"/> 60-Day Temp Certificate of Occupancy<br><input type="checkbox"/> Foundation Start<br><input type="checkbox"/> Variance for Building Code Section<br><input type="checkbox"/> Temporary Electrial Service |
|---|--|

Initial deposit \_\_\_\_\_  
 Occupancy \_\_\_\_\_  
 Footage \_\_\_\_\_  
 Zoning \_\_\_\_\_  
 Plan review \_\_\_\_\_  
 Processing fee \_\_\_\_\_  
 3% state fee \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total \_\_\_\_\_