



NON-RESIDENTIAL APPLICATION FOR INSPECTION NOT REQUIRING PLANS

City of Sandusky, Department of Community Development, Division of Building Inspection
 All sections of the application must be completed. Do not enter "same" for any field. Electric or Plumbing worksheets must be attached for any electrical or plumbing work.

1	Scope of Project	<input type="checkbox"/> Structural	<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing
2	Type	<input type="checkbox"/> Electrical Upgrade	<input type="checkbox"/> Temporary Electrical	<input checked="" type="checkbox"/> Minor Electrical Alterations *	
		<input type="checkbox"/> Minor construction	<input type="checkbox"/> Temporary Structure *	<input type="checkbox"/> Type-A day care	
		<input type="checkbox"/> Health & Safety /Special inspection *	<input type="checkbox"/> Plumbing – Mechanical replacement of appliance *	<input type="checkbox"/> Certificate of Occupancy for existing structure**	
Describe nature of work / explain what you are doing: OE #: _____ - _____ - _____					
3	Name of Project:				
	Exact address of project:				
	City:		Zip:		
4	Owner of project:		Attention:		
	Address:	City, State, Zip:			
	Phone:	<input type="checkbox"/> Send by fax:			
5	Name of submitter:				
	Address:		City, State, Zip:		
	Phone:		<input type="checkbox"/> Send by fax:		
6	Type of Construction:				
7	Current use group:				
8	Cost of work covered by this application:				
9	If plans submitted as the result of an Adjudication Order, enter order number here:				
10	Fees to be paid from Scope & Type of Project				
	Electrical Upgrade 400 Amps or less	\$50	\$		
	Electrical Upgrade Over 400 Amp	\$100	\$		
	Electric – Temporary Service	\$50	\$		
	Electric – Minor Electrical Alteration*	\$75	\$75.00		
	Plumbing replacement of Appliance *	\$50	\$		
	Mechanical replacement of Appliance*	\$50	\$		
	Special inspection –Structural *	\$100 / \$225	\$		
	Special Inspection – Electrical *	\$100 / \$225	\$		
	Special Inspection – Mechanical *	\$100 / \$225	\$		
	Special Inspection – Plumbing *	\$100 / \$225	\$		
	**Certificate of Occupancy for existing structure	\$250.00	\$		
	Sub-total of fees to be paid:		\$75.00		
	Board of Building Standards fee (3% x sub-total)		\$2.25		
	Total fees to be paid:		\$77.25		
11	Fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Check number: _____ Make check payable to: City of Sandusky				
12	I hereby certify that I am the (select one): <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. _____ Signature _____ Date _____ Print / Type name				
13	THE AREA BELOW IS FOR OFFICIAL USE ONLY: <input type="checkbox"/> Walk In <input type="checkbox"/> Mail In CPA#: _____ Date Rec'd: _____				

* Inspector must approve prior to submission of permit. Fee based on complexity and must be approved by CBO.
 ** If you mark "Certificate of Occupancy for existing structures", please see instruction sheet #DES_BD 0012