

Commercial Alterations Permit Application Process

SUBMIT ALL REQUIRED PLANS, FORMS AND FEES TO CITY OF TOLEDO, ONE GOVERNMENT CENTER, SUITE 1600, TOLEDO, Oh 43604 419-245-1220

1. Building Permit Application – Use **correct** address and identify work location on application, i.e. Suite 102, Joe’s CrabHouse, west wing, etc. Make sure your registered subcontractors are advised to use this same address and location on their permit applications.
2. Two sets of construction plans pursuant to OBC, sealed and signed by a licensed architect or engineer in the State of Ohio including:
 - a) Location plan for multi-tenant spaces
 - b) Total floor plan layout
 - c) Wall section/elevation view
 - d) Heating plans
 - e) Plumbing plans
 - f) Electrical plans
3. Commercial Review Form (submit with Permit Application)
4. Fees due at time of permit application:
 - a) Building Permit = Base fee \$60 plus per gross square foot up to 3,500 sq ft - \$.17, plus per gross square foot over 3,500 sq ft - \$0.15 (100 sq ft minimum per alteration, plus 3% state surcharge
 - b) Plan review = \$100 structural or \$200 if over 50,000 sq. ft., plus 3% state surcharge
 - c) \$50 non-structural, plus 3% state surcharge (no physical changes)
 - d) Final Occupancy = \$65
 - e) Temporary Occupancy (if needed) = \$50
5. Permits cannot be issued for construction work in Toledo without an established City of Toledo Income Tax Account in good standing (Certificate of Tax Compliance) for the contractor performing the work. This is not your Federal Tax Account. To get your Certificate of Tax Compliance, call 419-245-1663. The Certificate must be submitted to the One Stop Shop before a permit can be issued.
6. The Toledo Lucas County Health Department must review plans for all food service operations. Contact them at 419-213-4100 (Consumer Health) if there is any food prepared and/or sold on site (groceries, snacks, sit down, carryout). A permit cannot be issued for food service operations without their approval.

Additional Forms: Building Permit Application
Commercial Review Form
Procedure for obtaining a Certificate of Occupancy
City of Toledo Tax ID form
Food Facility Planning Guide (submit fee and plans to Health)

NOTE: Do not occupy until all final inspections are approved and a Certificate of Occupancy has been issued. You are required to display your Building Permit Placard and keep your approved plans on site until the Final Certificate of Occupancy has been issued. Building, Electrical, Mechanical, Refrigeration and Fire Inspectors must give approval before occupancy can be granted.

Monitor Your PENDING Application by visiting our online permit web site at: www.velocityhall.com/toledo
Click on Check/Research Permits on the right side of screen
Under **Look up Permits/Projects**: click on either By Address or Permit Number and fill in information.
Click on Status under the Detail bar. You will see the required agencies and they will show either approved or not approved. After all agencies appear as Approved, you may pick up your permit. You will need to pay any additional fees due at time permit is picked up. You can also monitor your inspection results at this location.

(Do not write in these spaces)

Appeal Case No.
Date, 20
Approved
Disapproved

CITY OF TOLEDO DIVISION OF BUILDING INSPECTION BUILDING PERMIT

Log No. Tr. No.

Zoning
District

I have received the card file maintained by the Division of Inspection and have determined that this application for a building permit
 does, does not (check one) require Historic District Commission review.

(Title)

THIS PERMIT IS NOT VALID UNLESS THIS BOX BEARS SIGNATURE

4 Family/Commercial
 1,2,3, Family

General Information

Comm. Initial (All entries must be made by the applicant, and in ink or indelible pencil.)

Location, ownership and detail must be correct, complete and legible. A separate application is required for each building. Three (3) sets of plans and Specifications must be filed with each application. One Permit set is filed with Division of Inspection and one Permit set must be kept continually on job. All sets of plans and Specifications must bear the name of architect or engineer. Set of plans shall consist of drawings to scale (such as 1/8" or 1/4" equal one foot) of plat plan, basement and foundation plan, first floor plan, second floor plan, etc., elevations and scale section, either print or original drawing. Complete floor plans drawn to scale must be submitted for all change of occupancy whether Permit is required or not. Valuation is total cost of general contract including material and labor. Exclude cost of mechanical and electrical which are separate permits.

This permit does not authorize installation of any electrical or mechanical systems. Separate permits are required.

Job Address
Number & Street _____ Unit No. _____ Location on the _____ side
Legal Description of Property _____ Addition
Division

Owner _____ Ph. _____
Street Address City State Zip

Contractor _____ Ph. _____
Street Address City State Zip

Contractor License Number _____

Architect or Engineer _____ Ph. _____
Supervision Yes No Street Address City State Zip

Architect or Engineer's Email Address:

Type of Building _____ Specific Occupancy _____ Single
 Family _____ Type of Construction _____

Class of Work – New _____ Addition _____ Alteration _____ Repair _____ Demo _____

Description of Work _____

Method of Disposal of Construction Waste Material _____

Other Installation – Electrical Service _____ Plumbing _____ Heat Type _____ Fuel Type _____ Air Cond _____

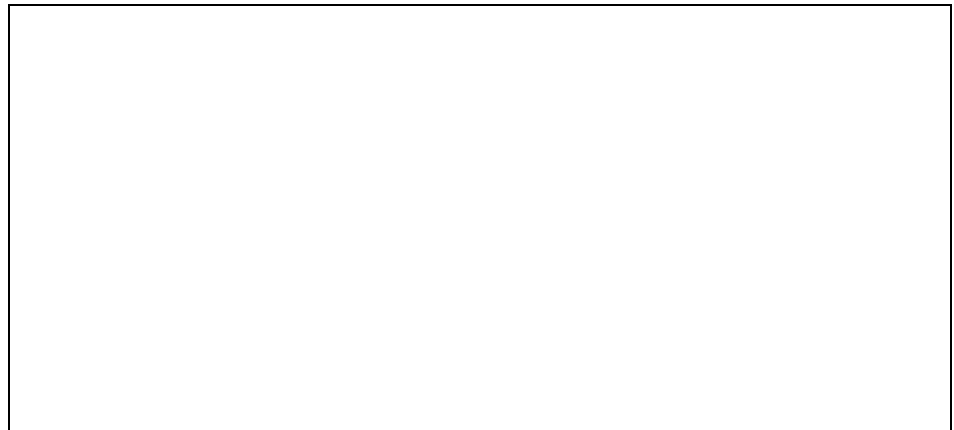
LOT SIZE:

Width Front ft. in.
Depth ft. in.
Area sq. ft.

BUILDING SIZE

Width ft. in.
Depth ft. in.
Area sq. ft.
Number of Stories
Height ft. in.
Volume cu. Ft.

PLOT PLAN
(Additions and Accessory Bldgs.)



Valuation
Permit Fee \$
3% State Surcharge
Permit Total

Water/Sewer Killed
Water Permit Number
Over the Curb
Permit Number

Approved by
Date

WARNING The approval of plans procured by misrepresentation of facts or conditions, misstatements in application or through mistakes or improper action by any officer or employee of this department, does not legalize any illegal construction or agreement.
IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, I, or we, agree to save the City of Toledo, harmless from any and all damages. I, or we, do hereby covenant and agree to construct said work in all respects in compliance with the provisions of the Statutes of the State of Ohio and the Ordinances of the City of Toledo, and that all statements as made are correct and true, and that all orders of Division of Building Inspection will be complied with.

Signature of Owner

(VOID unless receipted)

Signature of Contractor or Authorized Agent

City Tax I.D. Number



Main Office
635 N. Erie St.
Toledo, OH 43624-1317
(419) 213-4100
Fax: (419) 213-4017
Email: boardofhealth@co.lucas.oh.us

Western Clinic Site
330 Oak Terrace Boulevard
Holland, Ohio 43528-8993
(419) 865-0196
Fax: (419) 865-9237

David Grossman, M.D.
Health Commissioner

Larry J. Vasko, M.P.H.
Deputy Health Commissioner

Lucas County Regional Health District Board Members

John J. Newton, M.D., President
A. Jackson Smith, Vice-President
Joyce F. Chapple, M.P.A.
Mary Gregory, R.N.
Richard Lehman
Ruth M. Lewandowski

Doni Miller
Joan R. Mossing, R.N.
A. Debra Nicotra, PhD.
Alan Ruffell, R.S.
Patricia Wilcox, R.N.
Donna A. Woodson, M.D.

FOOD FACILITY PLANNING GUIDE

All proposed Food Service Operations and Food Establishments must submit plans for review by the Toledo-Lucas County Health Department. They should include:

- 1) Submit a site plan showing nearest cross streets, lot lines, type of water supply, type of sewage disposal placement of dumpsters for storage of garbage and zoning information.
- 2) Submit one (1) copy of the floor plan of the proposed establishment. The floor plan must be drawn at 1/4" to one (1) foot scale. The floor plan must show the location of all food equipment and also indicate all doors, windows and exits.
- 3) Submit a list of surface finishes specifying material used. Include a finish of walls, floors, ceilings, counters and shelving.
- 4) Submit a list of all food equipment. Specify the manufacturer and model number of each piece of equipment. Include the testing agency (such as N.S.F.) Seal number as found on the equipment. We recommend that no equipment be purchased until plans have been approved.
- 5) Submit a proposed menu listing of foods to be served. Show foods, which are to be cooled and reheated.
- 6) Plans must show type of ventilation over cooking equipment such as fryers and grills and in restrooms. Show ventilation over dishwashing machines to remove heat and moisture.
- 7) Utility wire and pipes must be enclosed within walls and columns. Pipes and wires should never be located on the floor but can be secured to wall at least six (6") inches off the floor.
- 8) A three (3) compartment sink with two (2) drain boards must be provided for washing and sanitizing utensils and a hand washing sink must be provided in the food preparation area. A mop sink must be provided somewhere in the building. A two (2) compartment food preparation sink may be required if extensive food preparation is planned.
- 9) Indicate type of lighting on the plans. At least fifty (50) food candles of light must be available on all food preparation surfaces and in all utensil washing areas.
- 10) Lights must be shielded in food storage areas, preparation, and display areas and in utensil and equipment cleaning and storage areas. Shatter resistant bulbs may also be used.

AN EQUAL OPPORTUNITY EMPLOYER

The Toledo-Lucas County Health Department operates in accordance with Title VI of the Civil Rights Act of 1964
Visit us on the web at: www.co.lucas.oh.us/health

**LICENSES/PERMIT-FEES
EFFECTIVE 2003**

Food Service Operation Program

Licenses Due March 1st

Commercial Under 24,999 Feet

C1S	\$199.00
C2S	\$226.00
C3S	\$446.00
C4S	\$569.00

Non-Commercial Under 24,999

N1S	\$99.00
N2S	\$113.00
N3S	\$223.00
N4S	\$285.00

Commercial Over 25,000 Feet

C1L	\$294.00
C2L	\$310.00
C3L	\$1140.00
C4L	\$1209.00

Non-Commercial Over 25,000 Feet

N1L	\$ 147.00
N2L	\$ 155.00
N3L	\$ 570.00
N4L	\$ 604.00

Mobile	\$88.00
Vending(each location)	\$31.00
Plan Review	\$230.00
Temporary Commercial	\$41.00
Temporary Non-Commercial	\$20.00

Penalty fee 25% on license fee only or \$50.00 which is the lesser

Plans & Specifications

Each food service operator is responsible for submitting all plans and specifications. Of course, in practice, those assisting an operator often submit them on the authority.

It's best to consult the local health department before preparation of plans. Approval of both plans and specifications is necessary before construction begins. By law, the health department must take action-in-writing –within 30 days after receiving plans and specifications.

Type of Plan & Specification	Where to Submit	Copies Required
Food Service Operations	The local health department having jurisdiction over the operation	1
Water Supply & Sewage Disposal System	District office of the Ohio Environmental Protection Agency	3
Plumbing	Where there is a local plumbing code, to local authorities	See local authorities
	In the absence of such a code, to chief Plumbing Inspector, Bureau of Environmental Health, P.O. Box 118, Ohio Department of Health, Columbus, Ohio 43216.	2
Building	Where there is a local building code, to local authorities	See local building authorities
	In the absence of local building code, to Ohio Department of Industrial Relations, Division of Factory and Building, 2323 W. fifth Avenue, Columbus, Ohio 43216	Write Ohio Department of Industrial Relations
Zoning	Local zoning authorities	See local authorities.

Building Inspection and Plumbing

Please contact the appropriate officials listed below for requirements:

City of Oregon
689-7071

City of Maumee
Building & Zoning Inspection
897-7075

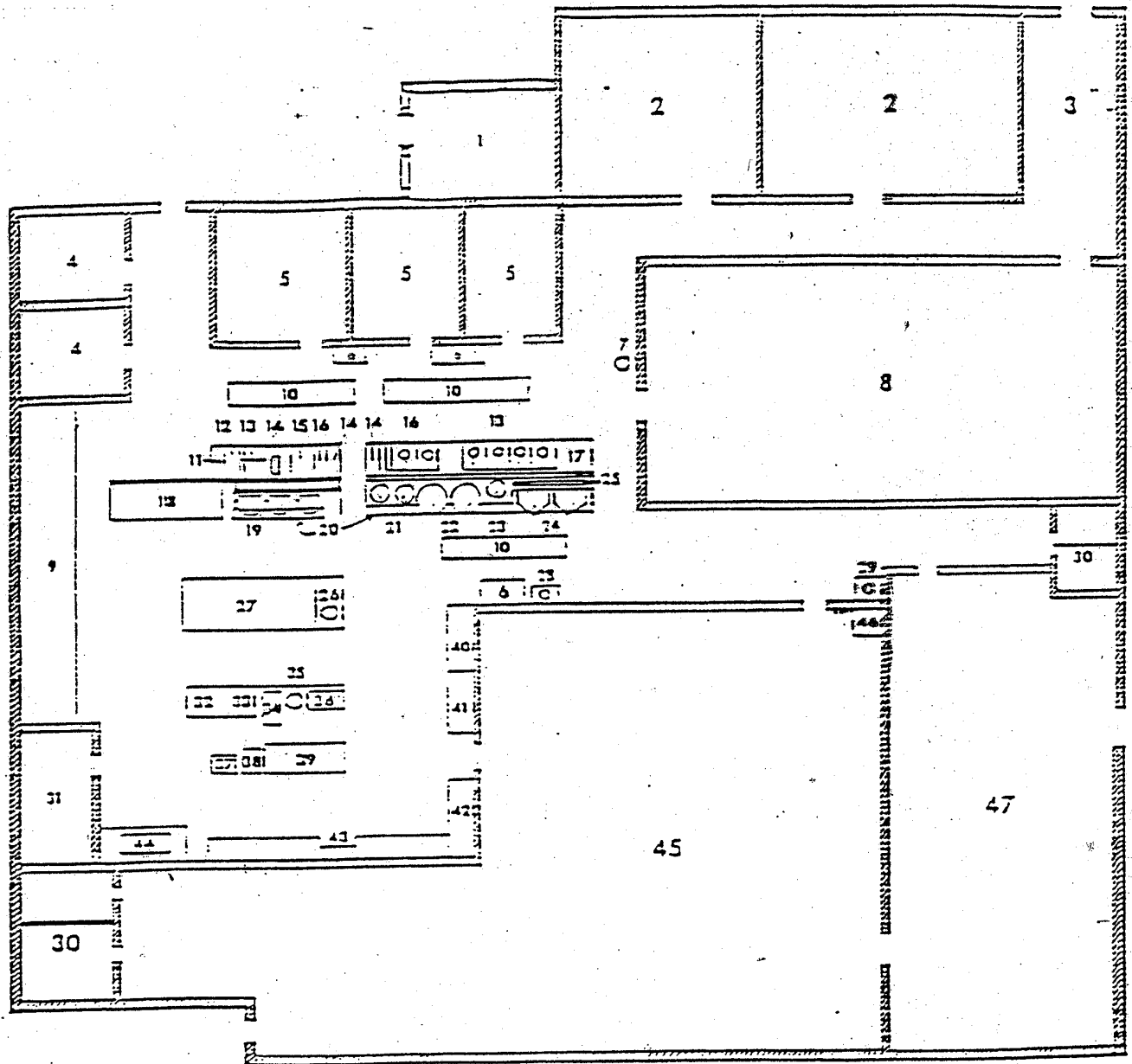
Lucas County Building Regulation
213-2990

City of Toledo
Building Inspection
245-1220

Sewage disposal and water supply requirements
(Septic Systems, Aerobic Systems, Water Wells)

Ohio Environmental Protection Agency
Northwest District Office
Bowling Green, Ohio 43402
(419)352-8461

Example Floor Plan



- | | | |
|-----------------------------------|------------------------------------|----------------------------------|
| 1. Refuse Storage | 17. Char-gio Boiler | 33. Dough Mixer-20 Qt |
| 2. Walk-in Freezer | 18. Roast Oven | 34. Dough Mixer-80 Qt |
| 3. Receiving Area | 19. Vegetable Steamer | 35. Steam Jacketed Kettle-30 Qt. |
| 4. Employee Locker and Rest Rooms | 20. Exhaust | 36. Hot Plates |
| 5. Walk-in Refrigerator | 21. 50 Quart Steam Jacketed Kettle | 37. Cooling Rack |
| 6. Reach-in Refrigerator | 22. 30 Quart Steam Jacketed Kettle | 38. Convection Oven |
| 7. Potato Peeler | 23. Tilting Kettle | 39. Bake Ovens |
| 8. Dry Food Storage | 24. Tilting Skillets | 40. Ice Maker |
| 9. Clean Dish & Utensil Storage | 25. Vegetable Sink | 41. Water Station |
| 10. Prep Table | 26. Salad/Sandwich Prep | 42. Scrap and Pre-rinse |
| 11. Open Burner | 27. Handwashing Sink | 43. Dish Machine |
| 12. Range Grill Top | 28. Utility Sink | 44. Pot. and Pan Sink |
| 13. Salamander Boiler | 30. Public Rest Rooms | 45. Main Dining |
| 14. Deep Fat Fryer | 31. Office | 46. Waitress/Waiter Station |
| 15. Broiler | 32. Spice Rack | 47. Banquet Room |

City of Toledo - Division of Building Inspection 419-245-1220 Fax 419-245-1329

Commercial Plan Review Information

Project Address: _____ Space/Suite # _____ Log # _____
Estimated Project Cost: Building _____ Site Work _____ Total _____
Type of work: New Building Addition Interior Alteration Exterior Alteration
 Other _____

Existing Use Group: (OBBC 302.1)

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H I-1 I-2 I-3 M
 R-1 R-2 R-3 R-4 R-5 S-1 U N/A

New Use Group: (OBC 302.1)

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H H-1 H-2 H-3
 H-4 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

Mixed Use and Occupancy: (OBC 302.3)

Non-separated Separated Separate Building N/A

Is food to be served or sold in this tenant space? Yes No

Existing Construction Classification: (OBBC 602.1)

1-A 1-B 2-A 2-B 2-C 3-A 3-B 4 5-A 5-B N/A

New Construction Classification: (OBC 602.1)

1-A 1-B 2-A 2-B 3-A 3-B 4 5-A 5-B N/A

Total gross floor area: Proposed or altered _____ sq. ft. (OBC 503.1)

Existing building area: _____ Sq. Ft. _____ # of Stories _____ Height (OBC 503.1)

Area limitations: General limitations Unlimited area building (OBC 503.3)

Open perimeter increase Total Partial _____%

Existing building fire suppression system: Total Partial (Section of building with sprinklers)

_____ None N/A (OBBC 903.1)

New building fire suppression system Total Partial None N/A (OBC 903.1)

Fire alarm system Yes No

Is building handicap accessible? Yes No (OBC 1101.1)

Occupant load: S.F. Method _____ Actual/Proposed _____ (OBC 1003.2.2)

of employees _____ # of customers _____

Contact Person: _____ Phone: _____

Signature: _____ E-mail: _____

CITY OF TOLEDO



DIVISION OF TAXATION AND TREASURY

April 24, 2006

To Whom It May Concern:

The City of Toledo has a municipal income tax that is applicable to all construction work performed in the city. This construction activity is covered under Section 798.01 of the Toledo Municipal Code which requires tax registration when construction work is performed. In order to become registered with the City of Toledo Division of Taxation, you must complete the questionnaire on the reverse side of this letter. This questionnaire can be returned by facsimile at telephone number (419) 936-2318. A deposit of \$250 is required at time of registration. This deposit will be applied towards your estimated net profits income tax.

The rate of Toledo municipal income tax is two and one-quarter percent (2-1/4%). As an employer, you are required to withhold municipal income tax from all compensation paid to your employees while working inside the City of Toledo. You must also pay tax on net profits attributable to Toledo projects. Completing this questionnaire will enable us to furnish the proper forms to you to effect compliance with the Toledo Income Tax Ordinance and the Construction - Tax Registration Ordinance.

If your account number is listed under another name, please call the Division of Taxation at (419) 245-1662. And we will make the necessary changes to our database.

Thank you for your consideration in this matter.

Sincerely,

Division of Taxation and Treasury

Encl. ITL

Toledo Income Tax Questionnaire
City of Toledo, Division of Taxation & Treasury
One Government Center, Suite 2070, Toledo, OH 43604-2280
(419) 245-1662, FAX (419) 936-2318

FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN ESTABLISHING YOUR ACCOUNT

- Soc. Sec. # _____
1. Name of Owner (s) _____ Business Phone _____
2. Name of Officer (if Corporation) _____ Officer's SS# _____
3. Business Name _____
4. Employer's Federal Identification Number _____
5. Proprietor's/Corporate Officer's Home Address _____ Home Phone _____
6. Business Address _____
7. Toledo Address _____
8. Mailing Address (if different) _____
9. Starting Date of Toledo Activities _____
10. Check off the type of Organization for Tax Purposes: Sole Proprietor (Schedule C Filer) _____;
Corporation (Form 1120 or 1120S) _____; Partnership (Form 1065) _____ (attach listing of partners
with names, addresses, and social security or federal identification numbers of partners); Association _____
11. Are there now or will there be employees subject to Toledo Income Tax? Yes _____ No _____
- Will you be filing monthly (withholding > \$1,000/month)? Yes _____ No _____ Payroll starting Date _____
12. Accounting Period: Calendar Year? _____ or Identify Fiscal Year Ending _____
13. Nature of Business _____
14. Is local address the home office or a branch? _____
15. If your address is not in Toledo, do you conduct business within Toledo City limits? Yes _____ No _____
16. If you operate more than one place of business, give business name and location(s):

IF BUSINESS WAS OUTGROWTH OF ANOTHER, FILL IN BELOW

17. Name of Old Owner (s) _____
18. Business Name _____
19. Mailing Address _____
20. Type of Organization: Sole Proprietorship _____ Partnership _____ Corp. _____ Association _____
21. Nature of Change: Sale _____ Discontinuance _____ Change in Ownership _____ Other _____
22. Accounting Period: Calendar Year _____ Fiscal Year Ending _____

Date _____

SIGNATURE _____

TITLE _____

CITY OF TOLEDO

PROCEDURE FOR OBTAINING A CERTIFICATE OF OCCUPANCY

A NEW OR ALTERED STRUCTURE MAY NOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED

About one week prior to expected occupancy of the structure, please call 245-1226 and inform the clerk that you are near completion of this project and your target date for occupancy. Please be prepared with your job location, all permit numbers and subcontractor names. The clerk will initiate paperwork to help expedite your occupancy.

Don't forget to schedule your final inspection at 245-1220. Before you call for your final inspection, check your approved plans and verify that all required work has been performed. After the building inspector has notified the clerk of approval, she will notify Fire Prevention to inspect the job. (NOTE: Fire Prevention does not inspect new residential structures with individual exits. Do not call Fire Prevention to schedule any fire inspection.

Stay in touch with your subcontractors and be sure that they have scheduled their inspections. Occupancy cannot be issued until approval has been granted by the Building Inspector, Electrical and Mechanical Inspectors and Fire Inspector.

If minor work remains to be completed, you may request a temporary certificate of occupancy. A temporary certificate of occupancy will not be issued if any fire and/or safety issues remain.

You have already paid for your Certificate of Occupancy. However, if for any reason you are issued a temporary occupancy, you will be required to pay an additional occupancy fee for any subsequent temporary occupancy and the final occupancy.

OTHER WAYS TO ENSURE THAT YOU WILL NOT EXPERIENCE DELAY IN OCCUPANCY:

- Have your building card available at the job site and verify that inspectors have signed it.
- Have your approved plans available at the job site. An inspection cannot be performed if approved plans are not on site.
- Ask that your subcontractors use the same address and to specify on their permit applications the Location of Work in multi-tenant or large structures to coincide with how you have identified the job (i.e. Judy's Jewelry-Suite 200 or 3rd floor, west wing, Toledo Hospital).

REQUEST FOR CERTIFICATE OF OCCUPANCY AND COMPLIANCE

This form must be filled out completely and returned to the Division of Inspection, One Government Center, Suite 1600, Toledo, OH 43604. To avoid any delay of occupancy, please submit it at least 7 work days prior to expected occupancy date.

YOU CANNOT OCCUPY YOUR BUILDING UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED.

All inspections must be completed and approved for all trades prior to the issuance of the certificate. Each individual trade contractor must call for his own final inspection.

Date of application _____ Date of expected occupancy _____

Building Address _____

Tenant Name and Space No. _____

Owner Name _____

Owner Address _____ Zip Code _____

Builder Name _____

Builder Address _____ Zip Code _____

Contact person in case of problems or questions:

Name _____ Phone Number _____

Use of Building (church, retail, etc.) _____ Height of Bldg. (in stories) _____

Type of Construction _____ Occupancy Load (only in assembly use) _____

YOU MUST FILL IN SUBCONTRACTOR NAMES AND / OR PERMIT NUMBERS

<u>TRADE</u>	<u>PERMIT #</u>	<u>CONTRACTOR</u>
Building	_____	_____
Electrical	_____	_____
Plumbing	_____	_____
Heating	_____	_____
Air Conditioning	_____	_____
Refrigeration	_____	_____
Pressure Piping	_____	_____
Boiler	_____	_____

<u>DATE APPROVED</u>

<u>FIRE</u>

NOTE: Upon receipt of this request, we contact Fire Prevention and inform them of your expected Occupancy date. They will not make a final inspection until notified to do so by us.

Date you would like final structural and fire inspections: _____
If this is not known at this time, you must call the office to schedule the finals.