CITY OF DUBLIN.

Application For Residential Building Permit

Building Standards
5800 Shier Rings Road
Dublin Ohio 43016-1236
Phone: (614) 410-4670
Fax: (614) 410-6566

Property

Auditors Taxing District _____ Parcel Number _____

Subdivision _____ Lot Number _____

Address of Property _____

Applicant

Applicant Name: _____ Phone: _____

E-Mail: _____

Owner Name: _____ Phone: _____

Owner Address: _____

Contractor Name: _____ Phone: _____

Contractor Address: _____

Property Information

Type of Improvement: ☐ New House ☐ Addition ☐ Remodel ☐ Deck ☐ Shed ☐ Pool ☐ Hot Tub ☐ Screened Porch ☐Other _____

Description of Work: _____

Estimated Cost of Construction:

Number of Bedrooms: _____

Number of Baths: _____

Building Height: _____

Fire Sprinkler: ☐ Yes ☐ No

If yes, NFPA Ref. No. _____

HVAC System

Type: ☐ New ☐ Existing

Fuel Type: ☐ Oil ☐ Natural Gas ☐ L.P. Gas ☐ Electric ☐ Solar ☐ Other _____

No. of Gas Appliances/Unit _____

Electric

☐ Less than 200 Amp
☐ 200 Amp to less than 400 Amp
☐ 400 Amp to less than 600 Amp

Water

☐ Public Water
☐ Private Water

Sewer

☐ Public Sewer
☐ Private Sewer

Signature

The owner of this building and the undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Ordinances of this jurisdiction, pertaining to the building and the buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

_____ Applicant's Printed Name

_____ Applicant's Signature

Office Use

Area:

Basement: _____

1st Floor: _____

2nd Floor: _____

Garage: _____

Deck: _____

Other: _____

Application Number:

Issuing Authority:

Issuing Date:

Edition of the Residential Code:

Date Received: