

BUILDING STANDARDS PERMIT COVER SHEET

ALL applicants are required to complete appropriate **Permit Application & Checklist** for specific application type.

APPLICATION TYPE

<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> SIGNAGE
<input type="checkbox"/> Site Only		<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement Finish <input type="checkbox"/> Deck <input type="checkbox"/> Screened Porch <input type="checkbox"/> Pool <input type="checkbox"/> Building Removal <input type="checkbox"/> Other	<input type="checkbox"/> New Ground <input type="checkbox"/> Replacement Ground <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Entry Feature <input type="checkbox"/> Reface Existing <input type="checkbox"/> Other
<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Building Removal <input type="checkbox"/> Other	<input type="checkbox"/> Walk Thru Attach Eligibility Worksheet (Form BLD-246)		
	<input type="checkbox"/> Not a Phased Request <input type="checkbox"/> Phased Request Attach OBC Phased Plan Approval (Form BLD-240 or Equivalent)		

FIRE PROTECTION	ELECTRICAL	HVAC	GAS PIPING
Commercial <input type="checkbox"/> Suppression <input type="checkbox"/> Alarm <input type="checkbox"/> Other Residential <input type="checkbox"/> Suppression <input type="checkbox"/> Alarm <input type="checkbox"/> Other	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential

Applicant's Name / Number

Signature

Date

BUILDING PERMIT APPLICATION

BASIC PROJECT INFORMATION (PRINT)

Project Name		
Project Address		
Project Unit / Suite Number		
Subdivision Name		
EXISTING Water <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Detection <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Master Meter Community <input type="checkbox"/> Yes <input type="checkbox"/> No	CHANGES Exterior Site Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No Building Exterior Facade <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Cost of Construction Lot Number Project Size (sq ft) OBC Construction Type OBC Use Group
Project Description (attach additional information as needed)		

REVISIONS (PRINT)

This section is for **REVISIONS** to plans that have already been assigned an application number. This must be filled out when submitting any additional paper work or plans. NOTE: All REVISIONS must be clearly highlighted on all revised plans and plot plans.

Description of the REVISION(S) being submitted (attach additional info as needed) <input type="checkbox"/> Not Applicable	FOR OFFICE USE ONLY Date Application No. Revision No. Fee
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BUILDING PERMIT APPLICATION

PROPERTY OWNER / PRIMARY CONTACT (PRINT)

I, 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.

Property Owner Name

Signature		Date
Corporate / Company Name		Title
Address		
City, State, Zip Code		Email
Telephone		Fax

I, the Project Representative and Contact, acknowledge and make this application as, or on behalf of, the owner and further assert that I am the agent / representative to be contacted concerning matters relating to this application.

Project Primary Contact Name

Signature		Date
Corporate / Company Name		Title
Address		
City, State, Zip Code		Email
Telephone		Fax

BUILDING PERMIT APPLICATION

All project references may not be applicable to your job type.

PROJECT REFERENCES (PRINT)

TENANT NAME

Company Name	
Contact Name	Title
Address	
City, State, Zip Code	Email
Telephone	Fax

ARCHITECT / DESIGN PROFESSIONAL

Company Name	OH License #
Architect / Contact Name	
Address	
City, State, Zip Code	Email
Telephone	Fax

CIVIL ENGINEER

Company Name	OH License #
Architect / Contact Name	
Address	
City, State, Zip Code	Email
Telephone	Fax

GENERAL CONTRACTOR DUBLIN REGISTRATION REQUIRED

Company Name	
Architect / Contact Name	Title
Address	
City, State, Zip Code	Email
Telephone	Fax

LANDSCAPE ARCHITECT

Company Name	OH Reg #	
Architect / Contact Name	Title	OH License #
Address	State Certification #	
City, State, Zip Code	Email	
Telephone	Fax	

OTHER

Company Name	
Architect / Contact Name	Title
Address	
City, State, Zip Code	Email
Telephone	Fax

COMMERCIAL CHECKLIST

CHECK ALL THAT APPLY

COMMERCIAL APPLICATION COMPLETION CHECKLIST

BUILDING STANDARDS PERMIT

- ☐ Building Standards Permit Application (SIGNED)

CERTIFICATE OF ZONING PLAN

- ☐ Certificate of Zoning Plan Approval

SEALED DRAWINGS

ARCHITECTURAL PLAN

- | | |
|--|--|
| <input type="checkbox"/> Index | <input type="checkbox"/> Exterior Building Envelope |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Wall Sections |
| <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Interior Elevations |
| <input type="checkbox"/> Roof Plans | |
| <input type="checkbox"/> Exterior Elevations | <input type="checkbox"/> FIRE PROTECTION SYSTEM DRAWINGS |
| <input type="checkbox"/> Building Sections | |

SOIL

- ☐ Soils Report

STRUCTURAL

- ☐ Structural Loading Information

BUILDING CODE

- ☐ Building Code Summary

DELEGATED DESIGN

- ☐ Delegated Design Listed

SYSTEM DESCRIPTIONS

- ☐ System Descriptions

OPERATIONS

- ☐ Operations

ENERGY

- ☐ Code-Required Energy Compliance

UL ASSEMBLIES LISTING

- ☐ UL Assemblies Listing

ELECTRIC

- ☐ Electric Panel Schedules
☐ Electric Load Calculations
☐ Electric Grounding (UFER)

GAS

- ☐ Gas Line Calculations & Isometric

INSPECTIONS

- ☐ Special Inspections & Inspector's Credentials

FIRE

- ☐ Fire Suppression System
☐ Fire Resistance Rating

ADDITIONAL INFORMATION

- ☐ Additional Information (if applicable)

**CERTIFICATE OF ZONING PLAN APPROVAL**

A Certificate of Zoning Plan Approval (CZPA) is required for accessory structures, fences, patios, walls, temporary signs, model homes, outdoor sales, and for all commercial projects.

I. APPLICATION REQUIREMENTS

☐ **APPLICATION FEE (\$70 RESIDENTIAL, \$145 COMMERCIAL, \$90 TEMPORARY SIGN)**

☐ **SCALED SITE PLAN**

One (1) copy, indicating all current structures, property lines, setbacks, and easements in addition to all proposed structures and site improvements. All proposed work should be dimensioned and labeled. Additional documentation may be required. Partial or incomplete applications and drawings cannot be processed and will be returned to the applicant. Typically, site plans come from the surveyor and are enclosed with the closing papers. (Not required for temporary signs).

II. PROPOSAL: Please describe the proposal (patio, fence, temp. sign, etc.)

III. PROPERTY & APPLICANT INFORMATION

Address of Subject Property OR Parcel ID:	
Property Owner:	Phone Number:
Subdivision/Business Name:	Lot Number:
Applicant/Authorized Representative:	
Address of Applicant/Authorized Representative:	
Applicant's Phone Number:	Applicant's Email:

IV. APPLICANT'S STATEMENT OF ACKNOWLEDGEMENT: This section is NOT required for temporary signs.

I, _____, the owner and applicant, hereby authorize _____ to act as my representative and agent in matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the Authorized Representative.	
Property Owner Signature:	Date:
Authorized Representative Signature:	Date:

FOR CITY USE ONLY

Resubmission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued/Issued By:
<input type="checkbox"/> Approved <input type="checkbox"/> Approved as Noted <input type="checkbox"/> Disapproved as Noted	Notes:

This Certificate of Zoning Plan Approval is issued for, and in reference to the property and use described above, and as approved by the City Administrator or designee, or the City Council, Board of Zoning Appeals, Planning & Zoning Commission, or the Architectural Review Board as appropriate.

For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov

