



APPLICATION NO. _____

New

Revision _____

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 <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)	<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
FIRE PROTECTION 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	ELECTRICAL <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	HVAC <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
GAS PIPING <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	CHANGES	Estimated Cost of Construction
Water <input type="checkbox"/> Yes <input type="checkbox"/> No	Exterior Site Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	Lot Number
Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No		Project Size (sq ft)
Fire Detection <input type="checkbox"/> Yes <input type="checkbox"/> No		OBC Construction Type
Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Exterior Facade <input type="checkbox"/> Yes <input type="checkbox"/> No	OBC Use Group
N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
Master Meter		
Community <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	<p style="text-align: center; margin: 0;">FOR OFFICE USE ONLY</p> <p>Date</p> <p>Application No.</p> <p>Revision No.</p> <p>Fee</p>
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BUILDING PERMIT APPLICATION

PROPERTY OWNER / PRIMARY CONTACT (PRINT)

<p>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.</p>			
Property Owner Name			
Signature		Date	
Corporate / Company Name		Title	
Address			
City, State, Zip Code		Email	
Telephone		Fax	
<p>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.</p>			
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	Title	OH Reg #
Architect / Contact Name		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

RESIDENTIAL CHECKLIST

CHECK ALL THAT APPLY

NEW RESIDENTIAL ONE, TWO & THREE UNIT

BUILDING STANDARDS PERMIT	
<input type="checkbox"/> Building Standards Permit Application (SIGNED)	
REGISTRATION & AFFIDAVIT	
<input type="checkbox"/> Dublin Contractor Registration / Homeowner Affidavit	
HOMEOWNER ASSOCIATION	
<input type="checkbox"/> Homeowner Association Approval Letter	
DRAWINGS <input type="checkbox"/> Cover Sheet / Index <input type="checkbox"/> Plot Plan CONSTRUCTION DRAWINGS <input type="checkbox"/> Foundation Plan (Engineered for Basements) <input type="checkbox"/> Basement Finish Plan <input type="checkbox"/> Floor Layout Plan <input type="checkbox"/> Floor Framing Plan <input type="checkbox"/> Roof Framing Plan / Roof Truss Profiles (Sealed) <input type="checkbox"/> Exterior Elevations	LANDSCAPE PLAN <input type="checkbox"/> Landscape Plan <input type="checkbox"/> Tree Survey <input type="checkbox"/> Wall Sections <input type="checkbox"/> Wall Bracing Plans (accepted on Floor Layout Plan) <input type="checkbox"/> Stair Detail (if applicable) <input type="checkbox"/> Electric Layout Plan (incl Lighting, Switching, Smoke Alarms, CA Alarms) <input type="checkbox"/> HVAC Layout Plans
MECHANICAL	
<input type="checkbox"/> Dublin Mechanical Systems Description Form	
ENERGY	
<input type="checkbox"/> 2009 Model Energy Code Report	
VENTILATION	
<input type="checkbox"/> Light & Ventilation Schedule	
ELECTRIC	
<input type="checkbox"/> Electric Load Calculations	

ADDITION / REMODEL / DECK

BUILDING STANDARDS PERMIT	
<input type="checkbox"/> Building Standards Permit Application (SIGNED)	
REGISTRATION & AFFIDAVIT	
<input type="checkbox"/> Dublin Contractor Registration / Homeowner Affidavit	
<input type="checkbox"/> DRAWINGS <input type="checkbox"/> Cover Sheet / Index <input type="checkbox"/> Plot Plan CONSTRUCTION DRAWINGS <input type="checkbox"/> Foundation Plan (Engineered for Basements) <input type="checkbox"/> Basement Finish Plan <input type="checkbox"/> Floor Layout Plan <input type="checkbox"/> Floor Framing Plan <input type="checkbox"/> Roof Framing Plan / Roof Truss Profiles (Sealed) <input type="checkbox"/> Exterior Elevations	<input type="checkbox"/> LANDSCAPE PLAN <input type="checkbox"/> Landscape Plan <input type="checkbox"/> Tree Survey <input type="checkbox"/> Wall Sections <input type="checkbox"/> Wall Bracing Plans (accepted on Floor Layout Plan) <input type="checkbox"/> Stair Detail (if applicable) <input type="checkbox"/> Electric Layout Plan (incl Lighting, Switching, Smoke Alarms, CA Alarms) <input type="checkbox"/> HVAC Layout Plans