



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"/> <b>COMMERCIAL</b>	<input type="checkbox"/> <b>RESIDENTIAL</b>	<input type="checkbox"/> <b>SIGNAGE</b>
<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
<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		

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

<b>Applicant's Name / Number</b>	
Signature	Date

# BUILDING PERMIT APPLICATION

## BASIC PROJECT INFORMATION (PRINT)

Project Name		
Project Address		
Project Unit / Suite Number		
Subdivision Name		
<b>EXISTING</b>	<b>CHANGES</b>	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 <b>REVISION(S)</b> being submitted (attach additional info as needed) <input type="checkbox"/> Not Applicable	<p style="text-align: center; margin: 0;"><b>FOR OFFICE USE ONLY</b></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)**

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.

<b>Property Owner Name</b>	
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.

<b>Project Primary Contact Name</b>	
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
Address	OH License #
City, State, Zip Code	Email
Telephone	Fax
State Certification #	

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

# SITE CHECKLIST

CHECK ALL THAT APPLY

## SITE APPLICATION COMPLETION CHECKLIST

<b>BUILDING STANDARDS PERMIT</b> <input type="checkbox"/> Building Standards Permit Application (SIGNED)	
<b>CERTIFICATE OF ZONING PLAN</b> <input type="checkbox"/> Certificate of Zoning Plan Approval	
<b>SEALED DRAWINGS</b> Refer to Site Improvement Plans Checklist DEV-Sample F 03/31/2006	
<b>CIVIL DRAWINGS</b> <input type="checkbox"/> Cover / Index Sheet <input type="checkbox"/> General Notes <input type="checkbox"/> Site / Staking Plan <input type="checkbox"/> Utility Plan <input type="checkbox"/> Grading Plan <input type="checkbox"/> Erosion & Sedimentation Control Plan <input type="checkbox"/> Existing Topographic Survey	<b>LANDSCAPE PLAN</b> <input type="checkbox"/> Tree Survey <input type="checkbox"/> Tree Preservation Plan <input type="checkbox"/> Tree Replacement Plan  <input type="checkbox"/> SITE LIGHTING PLAN  <input type="checkbox"/> FIRE WATER SERVICE DRAWINGS
<b>STORMWATER</b> <input type="checkbox"/> Stormwater Management Report	
<b>SANITARY SEWER DESIGN</b> <input type="checkbox"/> Sanitary Sewer Design Calculations	
<b>LEGAL DOCUMENTS</b> <input type="checkbox"/> Legal Documents (New Plat or Deed)	
<b>SUPPLEMENTAL LEGAL DOCUMENTS</b> <input type="checkbox"/> PTI, Easement Encroachment Agreement, Special Flood Hazard Area Development, etc.	
<b>CUTSHEETS</b> <input type="checkbox"/> Cutsheets for Exterior Light Fixtures, Mechanicals, etc.	

## 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.)

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### 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](http://www.dublinohioUSA.gov)

