



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



APPLICATION NO. _____

MECHANICAL, ELECTRICAL & GAS LINE PERMIT APPLICATION

BASIC PROJECT INFORMATION (PRINT)

<input type="checkbox"/> ASSOCIATED BUILDING PERMIT NUMBER:	
<input type="checkbox"/> NO PENDING BUILDING PERMIT	
Project Name	
Project Location / Address	
Project Unit / Suite Number	
<input type="checkbox"/> NEW SQ FT	<input type="checkbox"/> ALTERATION / ADDITION SQ FT
PROJECT DESCRIPTION (attach additional information as needed)	

ELECTRIC FEES

RESIDENTIAL	Qty	Subtotal
\$65.00 Minimum Fee plus... \$27.50 each 500 SQ FT (over 1,000 SQ FT)	\$65.00 Minimum Fee	
\$65.00 Temporary Service		
\$65.00 Low Voltage Systems Minimum Fee plus...\$13.00 each 500 SQ FT (over 1,000 SQ FT)		
COMMERCIAL	Qty	Subtotal
\$70.00 Minimum Fee plus... \$90.00 each 1,000 SQ FT (over 1,000 SQ FT up to 50,000 SQ FT) \$60.00 each 1,000 SQ FT (up to 100,000 SQ FT) \$55.00 each 1,000 SQ FT (over 100,000 SQ FT)	\$70.00 Minimum Fee	
\$77.00 Temporary Service		
\$40.00 Low Voltage Systems Minimum Fee plus...\$35.00 each 1,000 SQ FT (over 1,000 SQ FT)		

Sub Total Electric \$

GAS FEES

GAS FEE	Qty	Subtotal
\$105.00 Minimum Fee	\$105.00 Minimum Fee	
TYPE OF PIPING	Qty	Subtotal
Iron		
CTTS		
Other		
MIN PIPE SIZE REQUIRED	Qty	Subtotal
Inch _____		
Regulator Size / BTU _____		

Sub Total Gas \$



APPLICATION NO. _____

MECHANICAL, ELECTRICAL & GAS LINE PERMIT APPLICATION

HVAC FEES

RESIDENTIAL	Qty	Subtotal
\$85.00 Minimum Fee plus... \$40.00 each 500 SQ FT over 1,000 SQ FT	\$85.00 Minimum Fee	
\$85.00 Replacement (<i>not</i> charged per unit)		
COMMERCIAL	Qty	Subtotal
\$80.00 New/Addition Minimum Fee plus... \$35.00 each 1,000 SQ FT over 1,000 SQ FT	\$80.00 Minimum Fee	
\$75.00 Alteration Minimum Fee plus... \$22.00 each 1,000 SQ FT over 1,000 SQ FT	\$75.00 Minimum Fee	
\$75.00 Replacement <i>per</i> HVAC unit (each furnace or AC)		
\$140.00 Hood & Exhaust System per fixed hood		

Sub Total HVAC	\$
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FEE TOTAL

SUBTOTAL OF ALL PERMITS	\$
3% State of OH Surcharge (COMMERCIAL ONLY)	\$
1% State of OH Surcharge (RESIDENTIAL ONLY)	\$
TOTAL FEE DUE	\$

PROPERTY OWNER / CONTRACTOR (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.

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