

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
--	--

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
Address	OH License #
City, State, Zip Code	Email
Telephone	Fax

OTHER

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

REMOVAL CHECKLIST

CHECK ALL THAT APPLY

REMOVAL CHECKLIST

BUILDING STANDARDS PERMIT

- ☐ Building Standards Permit Application (SIGNED) and Certificate of Zoning Plan Approval (SIGNED)

REQUIRED DOCUMENTS

- ☐ Proof of ownership (i.e. Auditor's webpage copy, deed, executed closing statement)
- ☐ Documentation showing real estate taxes have been paid to date (Auditor's webpage copy)
- ☐ Completed Utility Statement
- ☐ EPA "Notification of Demolition and Renovation" stamped "RECEIVED" by EPA
(commercial only; see attached, for more information contact the EPA at (614) 728-3816)
- ☐ Signed "Hazardous Materials" affidavit from owner or agent (commercial only)
- ☐ Site plan showing all structures on the subject property and adjacent properties (identify all structures to be removed)
- ☐ Architectural Review Board Approval if the structure is in the Historic District or identified in the Dublin Zoning Code, Appendix G,
as being located on the Ohio Historical Inventory

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 (\$85 RESIDENTIAL, \$165 COMMERCIAL, \$90 TEMPORARY SIGN, \$0 IF SUBMITTED AS A PART OF AN APPLICATION FOR A SITE OR BUILDING PERMIT)**

☐ **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 mortgage survey and are enclosed with the closing papers, these may be used as a reference.

II. PROPOSAL

Describe the proposal (patio, fence, temp. sign, etc.):

Describe the use of the property (residential, commercial, 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

☐ Approved ☐ Approved as Noted ☐ Disapproved as Noted

Issued By:

Date:

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





DIVISION OF BUILDING STANDARDS

REMOVAL PERMIT

UTILITY STATEMENT

All utilities have been disconnected at the following address: _____

	<u>Not Applicable</u>	<u>Date of Removal</u>	<u>Utility Work Order #</u>
ELECTRIC	<input type="checkbox"/>	_____	_____
NATURAL GAS	<input type="checkbox"/>	_____	_____
CABLE	<input type="checkbox"/>	_____	_____
TELEPHONE	<input type="checkbox"/>	_____	_____
PUBLIC WATER	<input type="checkbox"/>	_____	_____
PUBLIC SEWER	<input type="checkbox"/>	_____	_____

FUEL TANKS (PROPANE, FUEL OIL, GASOLINE, DIESEL, KEROSENE) Please describe plan for disposal of the above fuel tanks if applicable.

PRIVATE SEWAGE SYSTEMS AND WELLS: Please describe plan for removal/remediation of these types of systems.

The above is true and correct to the best of my knowledge.

Signed: _____

Printed Name: _____

Date: _____





DIVISION OF BUILDING STANDARDS

REMOVAL PERMIT

HAZARDOUS MATERIALS AFFIDAVIT

The following property _____ has been reviewed for hazardous materials and none exist and none exist or the hazardous materials have been abated.

Sworn to and subscribed before me this _____ day of _____ 20_____

Owner or Agent (print name) _____

(signature) _____

Notary Public _____



Page 1 of 2

[illegible]

**OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION**

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: (____) _____ Fax: (____) _____

Waste Transporter #2

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: (____) _____ Fax: (____) _____

XIII. Waste Disposal

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: (____) _____ Fax: (____) _____

XIV. Emergency Demolition (complete Item XIV and all other sections, only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator Date Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 11/12/97)