



APPLICATION FOR BUILDING PERMIT

This form is provided by the Building Industry Association of Ohio as a public service.

PERMIT NUMBER _____

Property Location	Issued in Ohio Under Authority of Franklin County		
	Auditors Taxing District	Parcel Number	
	Address of Property		
	Subdivision	Lot	
Applicant	Applicants Name Phone Number		
	Email Address	Fax Number	
	Owner's Name	Phone Number	
	Address		
	Designer's Name	Phone Number	
	Address		
	Builder's Name	Phone Number	
	Address		
	Builder's ID		
Property Information	Type of Improvement		Improvement Cost
	Number of Bedrooms	Heating Fuel	Number of Gas Appliances Per Unit
	Number of Baths	Sewage Disposal	Garage Type
	Building Height	Water Supply	Number Car Garage
	Building	Zoning	
	Unfinished Basement	Lot Area	
	Finished Basement	Total % Occupied by Structure	
	Lower Level	Front Setback	
	1st Floor	Rear Setback	
	2nd Floor	Right Setback	
	3rd Floor	Left Setback	
	Other	Lot Width at Building Line	
	Garage	Zoning District	
	Deck/Screened In Porch	Existing Use of Property	
	Gross Square Feet		
	Building Area at Ground Level		
	Living Area	Flood Plain	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes			
Contractor Information	Excavator	License Number	<u>Fee Schedule</u> Initial Occupancy Footage Zoning Alt/Addtn. Plan Exam Gas Piping Other Total
	Plumbing	License Number	
	Electric	License Number	
	HVAC	License Number	
	Fireplace	License Number	
	** This section only to be filled out if required by Jurisdiction.		
Applicant Signature	The owner of this building and 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 building and 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. Signature of Applicant _____		
Office Use	Date Received	Date Received	Date Received
	Date Approved	Date Approved	Date Approved
	Zoning Official	Plans Examiner	Issuing Authority