

CLINTON TOWNSHIP BUILDING DEPARTMENT APPLICATION



3820 Cleveland Avenue, Columbus Ohio 43224 614-471-6854

Site Address:													
Located between				a	ınd						-		
Zoning District:	lain Zone:	in Zone: Map#				Dev	Dev. Permit No:						
Description of pro	oject:												
Application Date:						Projected Cost: \$							
Estimated Start D	ate:					Estimate	ed Finis	sh Date:					
Type of Improvement:					Addition Alterati				eration pair / Replacement				
Application for:													
OBC Use Group:						Yes	No	If yes; sepa	rated:	Yes	No		
Construction Type	: IA	I B	IIA	IIB	III	ı I	IIB	IV	VA		VB		
Owners Name:													
Address:													
Phone:			Fax:					Mol	oile:				
E-mail address			-										
Contractor:													
Address:													
Phone:	Fax:	Fax:				Mol	Mobile:						
E-mail address													
Applicant													
Address:													
Phone:	Fax:	Fax:				Mol	Mobile:						
E-mail address			-					•					
Design Profession	nal:												
Architect /	Engineer												
Address:		_											
Phone:			Fax:					Mob	oile:				
E-mail address													

		В	uilding Area						
Square Feet Area	New & A	Additions	Alterations	Change of Use		Occupancy Loads			
Basement									
First Floor									
2,3,4 Floor, ETC									
Total Area Square Fee	et								
	 	Bu	ilding Permit	l					
Commercial			Basement: Blo	ock Pour	ed W	ood Other			
# of Stories	Height in F	eet:	l .	Elevator:	Yes	No			
Electrical Permit									
Type: Temporary S	ervice Ne	w Service	Addition/Alteration Replacement/Repair						
Voltage Phase	e	onductors:		/ Set # of se	# of sets:				
Number of meters: Number of main disconnects:									
Fire Alarm									
Alarm System: # of Devices:									
Type: Local Central Station Remote Station Proprietary Other									
		Fir	e Suppression						
Sprinklers Hood Suppression Limited Area									
Type of system: We									
# of heads:	ipes:								
		I-	1VAC Permit						
Describe Hea	ating System		# of units:						
Brand:			Output (BTU/HR):		Tons # of outlets				
Model:			Fuel Type:	į					
Describe Cod	oling System		Forced air	Radiant		Gravity			
Brand:	Describe Cooling System		Infrared	Heat pump	p	Boiler/Steam			
Model:			Condensing Unit	Cooling Tov	ver Evap	Evaporating Cooler			
Type: New	Addition		Alteration	Replacement/Repa					
Demolition Permit									
Structure(s) to be	Moved		Demolished	Othe	r:				
Total square footage of buil	ding(s)								
Most recent use of building	(s)								
Proposed use of site following	ng demolition:								

L			Sign Peri	nit					
Sign height:	feet	inches	Sign face	Area:	нт х	WD	SQ. Ft		
Is there a comprehensive	sign plan for t	his site?	YES	NO)				
Type: Wall Face replacement	Ground Other	Projec	ction	Awning		Canopy	Subdivision		
Characteristics:									
		(Certificat	ion					
permit has not exponential permit applied for I herby certify that I am the authorized by the owner to addition, if a permit representative shall have	nstruction, or size, sign or part herein has be e owner of the nar to make this appli- for work describes the authority to en	etructural altera thereof and no en approved a med property, or the cation as his/her and in this application atter areas covered appl	ution, electrical or use of the and issued the propose the antitre propose the	cal, or mec above shall by the Fra ed work is aut at and I agree certify that the it at any reaso permit.	chanical in be under inklin To thorized by to confirm e code office onable hour	estallation or taken or pref wnship Bui the owner of re to all applicable tal or the code of to enforce the p	alteration of any ormed until the lding Department. cord and that I have been a laws of jurisdiction. In official's authorized provisions of the code(s)		
I hereby ackno Signature of applicant	wledge that	I have read a	nd fully u	nderstand	the abo	ve listed in Date:	structions.		
Print Name:						Date.			
Hold / Date: Reason:	Incom	plete	Complete Building O		Approved	d	Disapproved		
	Calculate Fe	es Here			Init	ial deposit			
General Structural	Occupancy		Occupancy						
Electric	6	0-Day Temp Certi	ficate of Occi	ıpancy	Footage				
Sprinkler/ Fire Suppressi	on F			Zoning					
HVAC/Refrigeration	HVAC/Refrigeration Variance for Buildi			on	Plan review				
Plan Review Fee Temporary Electrial Se					Proc	essing fee			
Misc. Charges -					39	% state fee			

Explain

Other

Total