## REFELD CONFIC

## FAIRFIELD COUNTY BUILDING DEPARTMENT

138 West Chestnut Street, Lancaster, Ohio 43130 (740) 652-7110 www.co.fairfield.oh.us

Permit	App.	No.
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Date Received Date Issued

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:				
LOT #: SUBDIVISIO	DN/PARCEL No.:		TOWNSHIP:	
LOCATED BETWEEN		and		
ZONING DISTRICT:	FLOOD PLAIN ZONE:	MAP#	DEV. PERMIT No.:	
DESCRIPTION OF PROJECT:				
APPLICATION DATE: / /		PROJECT COST: \$		
ESTIMATED STARTING DATE	3:	ESTIMATED FINISH DATE:		
	CONSTRUCTION ADDITION		REPAIR/REPLACEMENT	
	DING (STRUCTURAL) 🗌 ELECT FION 🗌 FOUNDATION START 🗌		FIRE SUPPRESSION SIGN     OTHER	
COMMERCIAL: OBC USE GR	ROUP: MIX	KED USE: YES NO I	F YES; SEPARATED 🗌 YES 🗌 NO	
CONSTRUCT	ΓΙΟΝ ΤΥΡΕ: IA IB I	IIA 🗌 IIB 🗌 IIIA 🗌	IIIB IV VA VB	
OWNERS NAME:				
ADDRESS:				
TELEPHONE:	TELEPHONE: MOBILE:			
E-MAIL ADDRESS:				
CONTRACTOR:				
CONTRACTOR REGISTRATIO	N No.:			
ADDRESS:				
TELEPHONE: MOBILE:				
E-MAIL ADDRESS:				
APPLICANT:				
ADDRESS:				
TELEPHONE: MOBILE:				
E-MAIL ADDRESS				
DESIGN PROFESSIONAL:				
ARCHITECT / ENGINEER     REGISTRATION No.:				
ADDRESS:				
TELEPHONE:	MOBIL	JE:		
E-MAIL ADDRESS				



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BUILDING AREA						
SQUARE FEET AREA	NEW & ADD	DITIONS AI	LTERATIONS	CHANGE OF USE	OCCUPANCY LOADS	
BASEMENT						
FIRST FLOOR						
2, 3, 4 FLOORS, ETC.						
TOTAL AREA SQUARE FEET						
<b>BUILDING PERMIT</b>						
COMMERCIAL OTHER			BASEMENT: [	BASEMENT: BLOCK POURED WOOD OTHER		
# OF ROOMS:						
# OF BUILDINGS: # OF U	NITS:		# OF FULL BATHS: # OF 1/2 BATHS:			
# OF STORIES HEIGHT	IN FEET:		A/C: YES	NO ELEVATOR: YES NO		
ELECTRICAL PERMIT			-			
TYPE:       COMMERCIAL       TEMPORARY SERVICE       NEW SERVICE       ADDITION/ALTERATION         REPLACEMENT/REPAIR       HOT TUB       MOBILE HOME SERVICE       OTHER						
VOLTAGE: PHASE:	SERV	/ICE CONDUC	TORS:	/ SET # OF SET	/ SET # OF SETS:	
NUMBER OF METERS:			NUMBER OF MAIN DISCONNECTS:			
NUMBER OF FIXTURES, SWITC	HES, OUTLETS,	, ETC.:	NUMBER OF SUB PANELS, DISCONNECTS, ETC.:			
FIRE ALARM						
ALARM SYSTEM: YES NO		NO. OF DEVICES:				
TYPE: LOCAL CENTR	AL STATION	REMOTE	STATION	PROPRIETARY	OTHER	
FIRE SUPPRESSION						
SPRINKLERS HOOD S	UPPRESSION		TED AREA			
TYPE OF SYSTEM: WET	DRY	ANTI-FRE	EZE CHEI	MICAL OTHER_		
NO. OF HEADS:	NO. OF STANDPIPES: NO. OF RISERS:					
HVAC PERMIT						
Describe Heating System: # OF UNITS:						
BRAND:		OUTPUT (BT	U/HR): TONS:			
MODEL:		FUEL TYPE:		# OF OUTL	ETS:	
Describe Cooling System: BRAND: MODEL:			=	PUMP DOILER/ST		
TYPE:       COMMERCIAL         NEW       ADDITION       ALTERATION         REPLACEMENT/REPAIR       FIREPLACE TYPE:       MASONRY       MANUFACTURERED       INSERT         STOVE       SOLID FUEL       GAS LOGS				—		



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DEMOLITION PERMIT				
STRUCTURE(S) TO BE: MOVED DEMOLISHED	TOTAL SQUARE FOOTAGE OF BUILDING(S):			
MOST RECENT USE OF BUILDING(S):	PROPOSED USE OF SITE FOLLOWING DEMOLITION:			
SIGN PERMIT				
SIGN HEIGHT: FEET INCHES:	SIGN FACE AREA: $HT X WD = $ SQ. FT.			
IS THERE A COMPREHENSIVE SIGN PLAN FOR THIS SITE?	YES NO			
TYPE:    WALL    GROUND    PROJECTION    AWNING    CANOPY    SUBDIVISION    FACE REPLACEMENT      OTHER				
CHARACTERISTICS: DOUBLE FACED PERMANENT ON-PREMISE OFF-PREMISE	TEMPORARY     ILLUMINATED     NON-ILLUMINATED     OTHER			
SWIMMING POOL PERMIT				
SWIMMING POOL TYPE: 🗌 ABOVE GROUND 🗌 IN-GROUND	SIZE: FEET X FEET OR DIA.:FEET			
OUTDOOR INDOOR	TOTAL SQUARE FOOTAGE :			
DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT?	HOW IS POOL PROTECTED? 5-FT. MINIMUM BARRIER REQUIRED. FENCED YARD BUILT-IN GUARDRAIL			
CERTIFICATION				
ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE. <i>I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR</i> <i>ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE</i> <i>PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE FAIRFIELD COUNTY BUILDING DEPARTMENT.</i> <i>I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make</i> <i>this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is</i> <i>issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to</i> <i>enforce the provisions of the code(s) applicable to such permit.</i> <b>I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.</b>				
SIGNATURE OF APPLICANT:	DATE:			
	PRINT NAME:			
HOLD / DATE:				
REASON: BUILDING OFFICIAL:				
PLANS EXAMINER:				
Electrical       Occupancy or Characteristical         HVAC/Refrigeration       Demolition         Sprinkler/Fire Suppression       Foundation Start         Fire Alarm - # Devices       Temporary Electr         Minor Work       Variance from a B				