



FAIRFIELD COUNTY

BUILDING DEPARTMENT

138 West Chestnut Street, Lancaster, OH 43130
(740) 652-7110 (614) 322-5202 Fax (614) 322-5203
www.fairfield.oh.us

FOR DEPARTMENT USE ONLY

Permit App. No. _____
Date Received _____
Date Forwarded _____
Date Returned: _____
Date Issued: _____

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:			
LOT #:		SUBDIVISION / 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:		ESTIMATED FINISH DATE:	
TYPE OF IMPROVEMENT:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR / REPLACEMENT <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> OTHER		
APPLICATION FOR: <input type="checkbox"/> DEMOLITION <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> SIGN <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> INDUSTRIALIZED-UNIT <input type="checkbox"/> OTHER _____			
COMMERCIAL: OBC USE GROUP: _____ MIXED USE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES; SEPARATED <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONSTRUCTION TYPE: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB			
OWNERS NAME:			
ADDRESS:			
TELEPHONE:		FAX:	
MOBILE:			
E-MAIL ADDRESS:			
CONTRACTOR:			
CONTRACTOR REGISTRATION No.			
ADDRESS:			
TELEPHONE:		FAX:	
MOBILE:			
E-MAIL ADDRESS:			
APPLICANT:			
ADDRESS:			
TELEPHONE:		FAX:	
MOBILE:			
E-MAIL ADDRESS			
DESIGN PROFESSIONAL:			
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER		REGISTRATION No.:	
ADDRESS:			
TELEPHONE:		FAX:	
MOBILE:			
E-MAIL ADDRESS			



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BUILDING AREA

SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
TOTAL AREA SQUARE FEET				

BUILDING PERMIT

<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER_____		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER	
# OF ROOMS:			
# OF BUILDINGS: # OF UNITS:		# OF FULL BATHS: # OF 1/2 BATHS:	
# OF STORIES HEIGHT IN FEET:		A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	

ELECTRICAL PERMIT

TYPE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION / ALTERATION <input type="checkbox"/>			
REPLACEMENT / REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> MOBILE HOME SERVICE <input type="checkbox"/> OTHER			
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET # OF SETS:
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:	
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.:_____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.:_____	

FIRE ALARM

ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF DEVICES:
TYPE: <input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> OTHER_____	

FIRE SUPPRESSION

<input type="checkbox"/> SPRINKLERS <input type="checkbox"/> HOOD SUPPRESSION <input type="checkbox"/> LIMITED AREA		
TYPE OF SYSTEM: <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ANTI-FREEZE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER_____		
NO. OF HEADS:	NO. OF STANDPIPES:	NO. OF RISERS:

HVAC PERMIT

Describe Heating System: BRAND:_____ MODEL:_____	# OF UNITS:
	OUTPUT (BTU/HR): TONS:
	FUEL TYPE: # OF OUTLETS:
Describe Cooling System: BRAND:_____ MODEL:_____	<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> GRAVITY <input type="checkbox"/> INFRARED <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> BOILER/STEAM <input type="checkbox"/> CONDENSING UNIT <input type="checkbox"/> COOLING TOWER <input type="checkbox"/> EVAPORATION COOLER
	TYPE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR
FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS	



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DEMOLITION PERMIT

STRUCTURE(S) TO BE: ☐ MOVED ☐ DEMOLISHED
☐ OTHER _____

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 ☐ TEMPORARY ☐ ILLUMINATED ☐ NON-ILLUMINATED
☐ ON-PREMISE ☐ OFF-PREMISE ☐ OTHER _____

SWIMMING POOL PERMIT

SWIMMING POOL TYPE: ☐ ABOVE GROUND ☐ IN-GROUND
☐ OUTDOOR ☐ INDOOR

SIZE: _____ FEET X _____ FEET OR DIA.: _____ FEET

TOTAL SQUARE FOOTAGE :

DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT?
☐ YES ☐ NO

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 FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE FAIRFIELD COUNTY BUILDING DEPARTMENT.

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 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 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 enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT:

DATE:

PRINT NAME:

☐ **HOLD / DATE:** _____
REASON: _____

☐ INCOMPLETE ☐ COMPLETE ☐ APPROVED ☐ DISAPPROVED

BUILDING OFFICIAL:

PLANS EXAMINER:

☐ General/Structural

☐ Electrical

☐ Sprinkler/Fire Suppression

☐ HVAC/Refrigeration

☐ Plan Review Fee

☐ Miscellaneous Charges - explain _____

☐ Final Certificate (due and payable with building permit)

☐ 60 day temporary Certificate of Occupancy

☐ Foundation Start

☐ Variance for Building Code Section

☐ Temporary electric service