



MINOR WORK - COMMERCIAL PERMIT APPLICATION

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| 1 SCOPE OF PROJECT: (OBC 107.2.1) <input type="checkbox"/> Building General <input type="checkbox"/> Refrigeration <input type="checkbox"/> Gas Piping <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Hood | 2 TYPE OF PROJECT: <input type="checkbox"/> Repairs <input type="checkbox"/> Request Existing Bldg C of O <input type="checkbox"/> Alterations <input type="checkbox"/> Change of Occupancy |
| 3 APPLICATION RELATED INFORMATION: * Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the preliminary plan review number: _____ * Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you Received? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____ | |
| 4 PROJECT/BUILDING LOCATION: (OBC 107.2.2) Building Name _____ Parcel No. _____ Street Address: _____ City/Township _____ Zip Code _____ County _____ * Is this project/building located in a flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No * Has the flood plain administrator been contacted for requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No * Is work being performed in the City right-of-way? (\$10,000.00 bond required) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1) Project Cost: _____ Square footage of work area covered under this application: _____ _____ _____ _____ | |
| 6 BUILDING OWNER INFORMATION: Name of Owner: _____ Attention: _____ Street Address: _____ City _____ State _____ Zip _____ Phone No.: _____ Fax: _____ E-Mail: _____ | |
| 7 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant: _____ Attention: _____ Street Address: _____ City _____ State _____ Zip _____ Phone No.: _____ Fax: _____ E-Mail: _____ | |
| 8 REGISTERED DESIGN PROFESSIONAL INFORMATION: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire protection system designer (OBC 107.4.4) Designer: _____ Registration/Certification No.: _____ Street Address: _____ City _____ State _____ Zip _____ Phone No.: _____ Fax: _____ E-Mail: _____ | |

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| 9 | CONTRACTOR INFORMATION: | City of Reynoldsburg Registration No.: _____ |
| Contractor Name: _____ State License No.: _____ | | |
| Street Address: _____ City _____ State _____ Zip _____ | | |
| Phone No.: _____ Fax: _____ E-Mail: _____ | | |
| 10 | GENERAL BUILDING INFORMATION: (The following information applies to the <i>entire building</i> , not just the construction area) (OBC 107.2.3) | |
| No. of buildings: _____ No. of units: _____ No. of stories: _____ Building height: _____ | | |
| Occupant load: _____ Mixed use group(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> Non-separated | | |
| Building Sprinkler system? _____ Type 1 hood suppression? _____ Building fire alarm system? _____ | | |
| Fire detection system? _____ Smoke detection system? _____ | | |
| 11 | MINOR BUILDING WORK: | |
| <input type="checkbox"/> Roof - new or repair \$75.00 <input type="checkbox"/> Window(s) - new or replacement with no alterations to the structure \$75.00 <input type="checkbox"/> Siding - new or repair \$75.00 <input type="checkbox"/> Door(s) - new or replacement with no alterations to the structure \$75.00 <input type="checkbox"/> Other: _____ \$75.00 <div style="text-align: center; font-size: small;">(minor work is determined by the Building Official)</div> | | |
| 12 | ELECTRIC: (please indicate quantity) | |
| <input type="checkbox"/> Electrical service upgrade \$75.00 <input type="checkbox"/> Meter repair/replacement \$75.00 <input type="checkbox"/> Temporary electric service \$75.00 <input type="checkbox"/> Generator(s) \$75.00 <input type="checkbox"/> Other: _____ \$75.00 <div style="text-align: center; font-size: small;">(minor work is determined by the Building Official)</div> | | |
| 13 | HVAC: (please indicate quantity) | |
| <input type="checkbox"/> Furnace - new or replacement \$75.00 <input type="checkbox"/> Ventilation - new or replacement \$75.00 <input type="checkbox"/> A/C - new or replacement \$75.00 <input type="checkbox"/> Water Heater - retrofit replacement \$75.00 <input type="checkbox"/> Heatpump - new or replacement \$75.00 <input type="checkbox"/> Gas Piping \$75.00 <input type="checkbox"/> Air Handler - new or replacement \$75.00 <input type="checkbox"/> Cooling Systems \$75.00 <input type="checkbox"/> Kitchen exhaust hood \$75.00 <input type="checkbox"/> Refrigeration/Walk-in coolers \$75.00 <input type="checkbox"/> Other: _____ \$75.00 <div style="text-align: center; font-size: small;">(minor work is determined by the Building Official)</div> | | |
| 14 | CERTIFICATION | |
| I certify that I am the _____ Owner _____ Agent for the owner | | |
| and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown on page one (1). | | |
| Signature: _____ Date: _____ | | |
| Print Name: _____ | | |
| 15 | THE AREA BELOW IS FOR OFFICE USE ONLY | |
| Date received: _____ Project No. _____ Permit No. _____ | | |
| Walk in _____ Mail in _____ Processed by: _____ | | |
| Building Official: _____ Date: _____ | | |
| Square Footage of work area: _____ | | |
| Building Fees: _____ Electrical Fees: _____ HVAC Fees: _____ | | |
| Gas Piping Fees: _____ Hood Fees: _____ Refrigeration Fees: _____ | | |
| Other: _____ 3% State Fees: _____ | | |
| TOTAL PERMIT FEES: _____ | | |