



BUILDING DIVISION - RESIDENTIAL PERMIT APPLICATION

**1 SCOPE OF PROJECT:**  
 Building General     Mechanical     Electrical     Swimming Pool

**2 TYPE OF PROJECT:**  
 Single Family Dwelling     Addition     Alteration     Deck     Accessory     Pool  
 Garage     Two or Three Family Dwelling     Daycare     Exterior/Interior Demolition     Other

**3 APPLICATION RELATED INFORMATION:**  
 \* Is this project being submitted as a result of a previous preliminary plan review?  
 No     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?  
 No     Yes, please provide the adjudication order number: \_\_\_\_\_

**4 PROJECT/BUILDING LOCATION:**  
 Street Address \_\_\_\_\_ Parcel No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
 City/Township \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 \* Is this project/building located in a flood plain?     Yes     No  
 \* Has the flood plain administrator been contacted for requirements?     Yes     No  
 \* Is work being performed in the City right-of-way? (\$10,000.00 bond required)     Yes     No

**5 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:**  
 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)**  
 Applicant: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**8 REGISTERED DESIGN**  
**PROFESSIONAL INFORMATION:**     Architect     Engineer     N/A  
 Designer: \_\_\_\_\_ Registration/Certification No.: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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 *entire building*, not just the construction area)

Basement Sq Ft \_\_\_\_\_ First Floor Sq Ft \_\_\_\_\_ Second Floor Sq Ft \_\_\_\_\_ Garage Sq Ft \_\_\_\_\_

Deck Sq Ft \_\_\_\_\_ Total Sq Ft \_\_\_\_\_ No. of stories \_\_\_\_\_ No. of units \_\_\_\_\_

No. of rooms \_\_\_\_\_ No. of bedrooms \_\_\_\_\_ No. of bathrooms \_\_\_\_\_

Gas  Yes  No A/C  Yes  No

**11 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: \_\_\_\_\_

**12 THE AREA BELOW IS FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Project No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Walk in  Mail in  Deposit amount: \_\_\_\_\_ Processed by: \_\_\_\_\_

Phased Approval  Nonconforming Approval  Certificate of Plan Approval  Correction Letter

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Plans Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Square footage of work area: \_\_\_\_\_

Building Fees: \_\_\_\_\_ Electrical Fees: \_\_\_\_\_ HVAC Fees: \_\_\_\_\_

Gas Piping Fees: \_\_\_\_\_ Pool Fees: \_\_\_\_\_ 1% State Fees: \_\_\_\_\_

TOTAL PERMIT FEES: \_\_\_\_\_