



City of Reynoldsburg

Building Department
 7232 E. Main Street
 Reynoldsburg, Ohio 43068
 WEB SITE: www.ci.reynoldsburg.oh.us
 614/322-6802 Fax 614/322-6830

Permit Application

LOGGED IN: _____

Plan Review #: _____

Fee Due: \$ _____

DESCRIPTION OF PROJECT:

APPLICATION FOR: STRUCTURAL ELECTRICAL HEATING COOLING VENTILATION

SUPPRESSION INDUSTRIALIZED UNIT SIGN FIRE PROTECTION OTHER _____

TYPE OF IMPROVEMENT: NEW BUILDING ADDITION/ ALTERATION REPAIR/REPLACEMENT OTHER: _____

RESIDENTIAL: ONE FAMILY TWO FAMILY THREE FAMILY FOUR OR MORE FAMILY MOBILE HOME

COMMERCIAL: OBC USE GROUP: _____ CONSTRUCTION TYPE: IA IB IIA IIB IIIA IIIB IV VA VB

SITE ADDRESS #:

STREET NAME:

LOT #:

SUBDIVISION:

ESTIMATED PROJECT COST: \$

BUILDING OWNERS NAME:

CONTRACTORS NAME:

ADDRESS:

ADDRESS:

TELEPHONE #:

FAX #:

TELEPHONE #:

FAX #:

APPLICANTS NAME:

PERSON PREPARING PLANS:

ADDRESS:

ARCHITECT/ENGINEER REGISTRATION #:

TELEPHONE #:

FAX #:

TELEPHONE #:

FAX #:

FLOOD PLAIN: Zone:

Map #

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

B U I L D I N G S	TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____	BASEMENT TYPE: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER _____	
	CONSTRUCTION TYPE:	# OF ROOMS:	# OF BEDROOMS:
	# 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

S I D E W A L K	TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DRIVEWAY WIDENING <input type="checkbox"/> APPROACH NEW <input type="checkbox"/> APPROACH REPLACEMENT <input type="checkbox"/> SIDEWALK PROGRAM: PHASE _____ <input type="checkbox"/> EXTERIOR SLAB
	2 inspections are required. Sidewalk and approach are to be replaced within 7 days of tear out. Call for final inspection when forms are removed and grade work is complete.

S I G N S	SIGN OWNER:	SIGN HEIGHT: FEET INCHES
	ADDRESS	SIGN FACE AREA: _____ HT X _____ WD = _____ SQ. FT.
	A CONSENT LETTER FROM THE OWNER OR LESSEE OF THE PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.	
	TYPE: <input type="checkbox"/> WALL <input type="checkbox"/> GROUND <input type="checkbox"/> PROJECTION <input type="checkbox"/> AWNING <input type="checkbox"/> CANOPY <input type="checkbox"/> OTHER _____	CHARACTERISTICS: <input type="checkbox"/> DOUBLE FACED <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ILLUMINATED <input type="checkbox"/> NON-ILLUMINATED <input type="checkbox"/> OTHER _____

E L E C T R I C	TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADD/ALT <input type="checkbox"/> REPLACEMENT/REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> MOBILE HOME SERVICE <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> OTHER _____	VOLTAGE: PHASE:	
	SIZE OF SERVICE: _____ AMPS	NUMBER OF METERS:	
		SERVICE CONDUCTORS: / SET	# OF SETS:
		NUMBER OF MAIN DISCONNECTS:	
		NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____	
		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____	

H V A C	DESCRIBE HEATING SYSTEM:	# OF UNITS:	CFM'S:
	BRAND: _____	OUTPUT (BTU/HR):	TONS:
	MODEL: _____	FUEL TYPE:	# OF OUTLETS:
	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 <input type="checkbox"/> EXHAUST FAN <input type="checkbox"/> HOOD: <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II	
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADD/ALT <input type="checkbox"/> REPLACEMENT/REPAIR	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> PREFAB <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS		

P O O L S	SWIMMING POOL TYPE:	SIZE:
	<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR	_____ FEET X _____ FEET OR DIAMETER: _____ FEET
	DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL SQUARE FOOTAGE :
		HOW IS POOL PROTECTED? 5 FOOT MINIMUM BARRIER REQUIRED. <input type="checkbox"/> FENCE AROUND YARD/POOL <input type="checkbox"/> BUILT IN GUARD

D E M O L I T I O N	STRUCTURE(S) TO BE :	TOTAL SQUARE FOOTAGE OF BUILDING(S):
	<input type="checkbox"/> MOVED <input type="checkbox"/> DEMOLISHED <input type="checkbox"/> OTHER _____	
MOST RECENT USE OF BUILDING(S): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL DESCRIBE: _____		PROPOSED USE OF SITE FOLLOWING DEMOLITION:

F I R E P R O T E C T I O N	<input type="checkbox"/> SPRINKLERS <input type="checkbox"/> HOOD SUPPRESSION <input type="checkbox"/> LIMITED AREA	ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO
	TYPE OF SYSTEM: NFPA _____	TYPE: NFPA _____
	<input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ANTI-FREEZE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER _____	<input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> OTHER _____
	NO. OF HEADS:	NO. OF DEVICES:
	NO. OF STANDPIPES:	
	NO. OF RISERS: DEMAND AT BOTTOM OF RISER: DEMAND AT BOTTOM OF STANDPIPE: NFPA HAZARD CLASSIFICATION:	

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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 PLAN APPROVAL HAS BEEN ISSUED AND THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE REYNOLDSBURG BUILDING DEPARTMENT.

I FULLY UNDERSTAND THAT THERE MAY BE ADDITIONAL PLAN REVIEW FEES ASSOCIATED WITH MY PROJECT IF MY PLANS ARE SENT TO THE PLAN EXAMINER CONTRACTED BY THE CITY OF REYNOLDSBURG FOR PLAN REVIEW.

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

SIGNATURE OF APPLICANT: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

HOLD _____
DATE

REASON: _____

PARTIAL APPROVAL APPROVED CORRECTION LETTER

BUILDING OFFICIAL: _____

PLANS EXAMINER: _____

CALCULATE FEES HERE:

INITIAL: _____

FOOTAGE: _____

OCCUPANCY: _____

PLAN REVIEW: _____

3 % STATE FEE: _____

INSPECTION FEE: _____

OTHER: _____

TOTAL: _____