

# Franklin Township

For Department Use Only

Franklin County, Columbus, Ohio

## Building Department

2193 Frank Rd

Columbus, Ohio 43223

614-279-9411

Permit App No: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Site Address:			
Located between		and	
Zoning District:	Flood Plain Zone:	Map #	Dev. Permit No:
Description of project:			
Application Date:		Projected Cost: \$	
Estimated Start Date:		Estimated Finish Date:	
Type of Improvement:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
	<input type="checkbox"/> Change of use	<input type="checkbox"/> Other	<input type="checkbox"/> Repair / Replacement
Application for:			
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			
<b>Owners Name:</b>			
Address:			
Phone:		Fax:	Mobile:
E-mail address			
<b>Contractor:</b>			
Address:			
Phone:		Fax:	Mobile:
E-mail address			
<b>Applicant</b>			
Address:			
Phone:		Fax:	Mobile:
E-mail address			
Design Professional:			
<input type="checkbox"/> Architect / <input type="checkbox"/> Engineer			
Address:			
Phone:		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 Floor, ETC				
Total Area Square Feet				
Building Permit				
Commercial		Basement:	Block	Poured Wood Other
# of Stories	Height in Feet:		Elevator:	Yes No
Electrical Permit				
Type:	Temporary Service	New Service	Addition/Alteration	Replacement/Repair
Voltage	Phase	Service Conductors:	/ Set # of sets:	
Number of meters:		Number of main disconnects:		
Fire Alarm				
Alarm System:			# of Devices:	
Type:	Local	Central Station	Remote Station	Proprietary Other_____
Fire Suppression				
Sprinklers		Hood Suppression		Limited Area
Type of system:	Wet	Dry	Ani-Freeze	Chemical Other:_____
# of heads:	# of standpipes:		# of risers:	
HVAC Permit				
Describe Heating System		# of units:		
Brand:_____		Output (BTU/HR):		Tons
Model:_____		Fuel Type:		# of outlets
Describe Cooling System		Forced air Radiant Gravity		
Brand:_____		Infrared Heat pump Boiler/Steam		
Model:_____		Condensing Unit Cooling Tower Evaporating Cooler		
Type:	New	Addition	Alteration	Replacement/Repair
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:				

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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		
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 preformed until the permit applied for herein has been approved and issued by the Franklin Township 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 confirm to all applicable laws of 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: \_\_\_\_\_

Incomplete                       Complete                       Approved                       Dissapproved

Hold / Date: \_\_\_\_\_ Building Official: \_\_\_\_\_

Reason: \_\_\_\_\_ Plans Examiner: \_\_\_\_\_

**Calculate Fees Here**

- |   |   |
|---|---|
| <input type="checkbox"/> General Structural         | <input type="checkbox"/> Final Certificate of Occupancy       |
| <input type="checkbox"/> Electric                   | <input type="checkbox"/> 60-Day Temp Certificate of Occupancy |
| <input type="checkbox"/> Sprinkler/ Fire Supression | <input type="checkbox"/> Foundation Start                     |
| <input type="checkbox"/> HVAC/Refrigeration         | <input type="checkbox"/> Variance for Building Code Section   |
| <input type="checkbox"/> Plan Review Fee            | <input type="checkbox"/> Temporary Electrial Service          |
| <input type="checkbox"/> Misc. Charges -            |   |
| Explain _____                                       |   |

Initial deposit \_\_\_\_\_  
 Occupancy \_\_\_\_\_  
 Footage \_\_\_\_\_  
 Zoning \_\_\_\_\_  
 Plan review \_\_\_\_\_  
 Processing fee \_\_\_\_\_  
 3% state fee \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total \_\_\_\_\_