



Jefferson Township
 Zoning / Building Department
 6545 Havens Road
 Blacklick, OH 43004
 (614) 855-4265
www.jeffersontownship.org

Department Use Only

Permit App. No. _____
 Date Received _____
 Zoning Compliance # _____
 Floodplain A AE X _____
 Zoning Approved YES NO _____

Application for Commercial Plan Review

Project Name: _____		
Site Address: _____	Parcel # _____	Zoning District: _____
Located Between _____ and _____		
Description of Project: _____		
Application Date: ____ / ____ / 20____		Project Cost: \$ _____
Estimated Start Date: _____		Estimated Finish Date: _____
Type of Project:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair / Replacement	
Application for:	<input type="checkbox"/> Building <input type="checkbox"/> Electric <input type="checkbox"/> HVAC <input type="checkbox"/> Refrigeration <input type="checkbox"/> Fire Suppression/Sprinkler <input type="checkbox"/> Fire Alarm	
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: ()
Contact Name: _____		e-mail address: _____
Contractor: _____		Registration # _____
Address: _____		
Telephone: ()	Fax: ()	Mobile: ()
Contact Name: _____		e-mail address: _____
Applicant: _____		
Address: _____		
Telephone: ()	Fax: ()	Mobile: ()
Contact Name: _____		e-mail address: _____
Design Professional: _____		<input type="checkbox"/> Architect / <input type="checkbox"/> Engineer
Address: _____		
Telephone: ()	Fax: ()	Mobile: ()
Contact Name: _____		e-mail address: _____

Building Square Foot Area	New & Additions	Alterations	Occupancy Loads
Basement			
1 st floor			
2 nd & 3 rd floor, etc			
Total Area Square Feet			

Commercial Building Permit

of rooms: # of full baths: # of 1/2 baths: Basement: Block Poured Wood Other:

of stories height in feet: A/C: Yes No Elevator: Yes No

Electrical Permit

Type: Commercial Temporary Service New Service Addition / Alteration Replacement / Repair Other:

Voltage: Phase: Service Conductors: # of sets:

of Meters: # of Main Disconnects:

of Fixtures, Switches, Outlets, etc: # of Sub-Panels, Disconnects, etc:

Fire Alarm Permit

Alarm System: Yes No # of devices:

Type: Local Central Station Remote Station Proprietary Other:

Fire Suppression Permit

Sprinklers Hood Suppression Limited Area

Type of System: Wet Dry Anti-freeze Chemical Other:

of Heads: # of Standpipes: # of Risers:

HVAC Permit

Describe Heating System: Type: Commercial New Addition Alteration Replacement/Repair

Brand: # of units: output (BTU/HR): tons:

Model: Fuel Type: # of outlets:

Describe Cooling System: Forced Air Radiant Gravity Infrared Heat Pump Boiler/Steam

Brand: Condensing Unit Cooling Tower Evaporation Cooler

Model:

Sign Permit

Illuminated: Yes No Type of Installation: Wall Freestanding Height: _____ Total Sqft: _____

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 JEFFERSON TOWNSHIP BUILDING/ZONING 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:

Building Department Use Only

Fee Paid:	Check #
Receipt #:	Rc'd By:
Date to CBO:	Date to JTFD:
Date Approved by CBO:	SqFt:

Commercial Fee Schedule	Fee Due	Base Charge	Plus Charge each 100 sqft	Sqft Fee Due
Base Fee		\$150		
Plan Review		\$300	\$7.50	
Bldg. Permit (Structural)		\$200	\$7.50	
Multi-Family Permit (Structural) *		\$200	\$7.50 first unit	
		\$200	* Each add'l unit per bldg *	
Electrical		\$200	\$4.50	
Fire Alarm		\$200	\$4.50	
Fire Suppression/Sprinkler		\$200	\$4.50	
H V A C		\$200	\$4.50	
Refrigeration		\$200	\$4.50	
Mechanical Plans Examined Separately		\$150	\$4.50	

A. Certificates of Occupancy	(1)		\$100	Final Certificate- Payable with Commercial Building Permit
	(2)		\$250	Temporary Certificate of Occupancy (90 Days)
	(3)		\$150	60 Day extension of Temporary Certificate (1 time only)
	(4)		\$100	A requested inspection for the purpose of checking for compliance with, or changing the Use Group or occupancy of an existing commercial building with no work proposed which would otherwise require a building permit
B. Plan Revision (Building Permit)	(1)		\$150	plus 1/2 of square feet charge
	(2)	Plan Revision (Mechanical Permit)	\$75	plus 1/2 of square feet charge
C. Fees Doubles			ALL	When any work commences without a permit
D. Re-Inspection			\$60	Per Occurrence
E. Annual Inspection			\$60	Where an inspection is required by the State of Ohio, Franklin County or Jefferson Township
F. After Hours Inspection			\$100	Minimum Fee
			\$50	Per Hour & Per Inspector
				Fee is payable on the 1st business day following after hours inspection
G. Inspection Card			\$50	Replacement of Card
H. Transfer			\$100	Per permit, per transfer
H. Permit Renewal			\$100	w/no changes to approved permit (after 1 year)
I. Foundation Start			\$150	
J. Variance from a building code section			\$60	
K. Temporary Electric Service			\$50	
Subtotal				
Board of Building Standards			3%	
Total				