



**VIOLET TOWNSHIP**  
**BUILDING DEPARTMENT**  
 12970 Rustic Drive  
 Pickerington, Ohio 43147  
 614/575-5556

**FOR DEPARTMENT USE ONLY**

Permit App. No. \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Date Forwarded \_\_\_\_\_  
 Date Returned: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT**

SITE ADDRESS:			
LOT #:	SUBDIVISION / PARCEL No.:		
LOCATED BETWEEN _____ and _____			
ZONING DISTRICT:	FLOOD PLAIN ZONE:	MAP #	DEV. PERMIT NO.:
DESCRIPTION OF PROJECT:			
APPLICATION DATE: / /		PROJECT COST : \$	
ESTIMATED STARTING DATE:		ESTIMATED FINISH DATE:	
TYPE OF IMPROVEMENT:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR / REPLACEMENT <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> OTHER		
APPLICATION FOR:	<input type="checkbox"/> BLANKET RESIDENTIAL <input type="checkbox"/> RESIDENTIAL ADDITION / ALTERATION / ACCESSORY STRUCTURE <input type="checkbox"/> DEMOLITION <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> SIGN <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> INDUSTRIALIZED-UNIT <input type="checkbox"/> OTHER		
<b>RESIDENTIAL:</b>	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> FOUR OR MORE FAMILY <input type="checkbox"/> MOBILE HOME		
<b>COMMERCIAL:</b>	OBC USE GROUP: _____ MIXED USE: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES; SEPARATED</i> <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:		E-MAIL ADDRESS:	
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
CONTRACTOR:		E-MAIL ADDRESS:	
CONTRACTOR REGISTRATION No.			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
APPLICANT:		E-MAIL ADDRESS:	
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
DESIGN PROFESSIONAL:		E-MAIL ADDRESS:	
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER	REGISTRATION No.:		
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	



# VIOLET TOWNSHIP BUILDING DEPARTMENT

<b>BUILDING AREA</b>				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
GARAGE, SHED, DECK, ETC				
<b>TOTAL AREA SQUARE FEET</b>				
<b>BUILDING PERMIT</b>				
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# 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		
<b>ELECTRICAL PERMIT</b>				
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION / ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> MOBILE HOME SERVICE <input type="checkbox"/> OTHER				
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET   # OF SETS:	
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:		
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____		
<b>FIRE ALARM</b>				
ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF DEVICES:		
TYPE: <input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> OTHER _____				
<b>FIRE SUPPRESSION</b>				
<input type="checkbox"/> SPRINKLERS <input type="checkbox"/> HOOD SUPPRESSION <input type="checkbox"/> LIMITED AREA				
TYPE OF SYSTEM: <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ANTI-FREEZE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER _____				
NO. OF HEADS:		NO. OF STANDPIPES:		NO. OF RISERS:
<b>PLUMBING PERMIT</b>				
NUMBER OF FIXTURES:		TYPE OF SYSTEM: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE		
<b>HVAC PERMIT</b>				
Describe Heating System:		# OF UNITS:		
BRAND: _____		OUTPUT (BTU/HR):		TONS:
MODEL: _____		FUEL TYPE:		# OF OUTLETS:



# VIOLET TOWNSHIP BUILDING DEPARTMENT

Describe Cooling System: 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
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS

## DEMOLITION PERMIT

STRUCTURE(S) TO BE: <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	TOTAL SQUARE FOOTAGE OF BUILDING(S): _____ PROPOSED USE OF SITE FOLLOWING DEMOLITION: _____
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## SIDEWALK PERMIT

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
<i>Two (2) inspections are required. Sidewalk and approach are to be replaced within 7 days of tear out. Call for final inspection when forms removed and grade work is complete.</i>

## SIGN PERMIT

SIGN HEIGHT: _____ FEET _____ INCHES:	SIGN FACE AREA: _____ HT X _____ WD = _____ SQ. FT.
IS THERE A COMPREHENSIVE SIGN PLAN FOR THIS SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE: <input type="checkbox"/> WALL <input type="checkbox"/> GROUND <input type="checkbox"/> PROJECTION <input type="checkbox"/> AWNING <input type="checkbox"/> CANOPY <input type="checkbox"/> SUBDIVISION <input type="checkbox"/> FACE REPLACEMENT <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"/> ON-PREMISE <input type="checkbox"/> OFF-PREMISE <input type="checkbox"/> OTHER _____	

## SWIMMING POOL PERMIT

SWIMMING POOL TYPE: <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND <input type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR	SIZE: _____ FEET X _____ FEET OR DIA.: _____ FEET TOTAL SQUARE FOOTAGE: _____
DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW IS POOL PROTECTED? <i>4-FT. MINIMUM BARRIER REQUIRED.</i> <input type="checkbox"/> FENCED YARD <input type="checkbox"/> BUILT-IN GUARDRAIL

## CERTIFICATION

*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 VIOLET 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: _____
<input type="checkbox"/> HOLD / DATE: _____ REASON: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED BUILDING OFFICIAL: _____ PLANS EXAMINER: _____