

VIOLET TOWNSHIP
ZONING & BUILDING DEPARTMENTS
12970 Rustic Drive
Pickerington, Ohio 43147
(614) 575-5559 Fax (614) 575-5562

TO: All Residential Zoning and Building Permit Applicants

FROM: Don Day, Building Inspector
Kelly Sarko, Zoning Inspector

Violet Township requires Zoning and Plans Examination and Building Permits for all new construction.

The following items must accompany completed and signed Zoning and Plan Review/Building Permit application forms:

1. A Flood Plain Building Permit is required to be obtained from Fairfield County Regional Planning Commission if a property contains any portion of a regulatory 100-year floodplain. Please contact the Fairfield County Flood Plain Administrator at (740)687-7110 if you are uncertain whether you need to obtain this permit. A Certificate of Zoning Compliance cannot be issued unless this permit has been issued by Fairfield County Regional Planning.
2. A plot plan or suitable drawing (on a sheet no larger than 11" x 17"), drawn to scale, showing all existing structures and their size, the location of the proposed construction on the property and its dimensions to the front, rear and side property lines (setbacks are parallel each property line).
3. A completed and signed AFFIDAVIT FOR PERMIT or HOMEOWNER PERMIT AFFIDAVIT.
4. For any property located on a Township road right-of-way, a Right-of-Way Permit application must be submitted and approved by the Township Engineer.
 - a. Pursuant to Violet Township Trustees Resolution Number 2002-0904-02, a property owner and/or builder must establish a single point of access onto said property, place large gravel within the access and utilize only that access point for all ingress/egress to and from the property during the construction period.
 - b. For installation of a culvert or drain tile in a drainage ditch within a Township road right-of-way, an inspection by the Township Engineer is required prior to covering the culvert with fill material.
5. A DESC (Drainage, Erosion and Sedimentation Control) Permit is required for all new home construction in Violet Township. A plan showing the type and placement of appropriate sedimentation and erosion control devices is required to accompany the completed application form.
6. If the proposed home is not served with public water and/or sewer services, a copy of the approved well and sewer permits issued by the Fairfield County Health Department must be provided.
7. Plans of the proposed building (TWO sets of plans only) including but not limited to:
 - a. Foundation plan with elevations;
 - b. Floor plans showing all levels; spans of main beams, floor joists, rafters and trusses and material types;
 - c. Wall, floor and roof sections showing the type and location of material;
 - d. Elevations of the exterior showing type of material; and
 - e. All applicable mechanical plans that are required to complete the building
8. Application Fees. Permits will not be processed and construction shall not begin until plans examination fees have been received and plans have been approved for construction by the Plans Examiner.

9. ALL STRUCTURES SHALL COMPLY WITH THE 2003 International Residential Code

Violet Township Building Department inspects the following:

To Schedule an inspection, please call (614)575-5558. Please give project address and state which time the project will be ready for inspection.

- 1) Footing – all footings must be trenched and forms in place ready for placement of concrete as well as placement of structure for compliance with Township Zoning requirements.
- 2) Rough Framing – all framing must be complete and rough electric, plumbing and heating in place. No insulation or drywall in place.
- 3) Final Inspection for Certificate of Occupancy – Plumbing fixtures set, electric fixtures and devices with covers in place, heating, air conditioning and ventilation with air distribution devices in place. All mechanical equipment must be in working order at this time also. All safety requirements in place. Exterior grading complete.
- 4) Temporary Occupancy Permit may be obtained for an additional fee, at the discretion of the Building Inspector, if above items are not complete at final inspection.

Plan Examination Fee:

Plan Examination Fee will be assessed according to the following schedule and will cover the cost of plan reviews by the Plan Examiner:

A.	One, Two and Three Family Dwelling Units	\$130.00/unit
	A deposit of \$130.00 for plans examination is required and will not be returnable, but will be credited to the total cost of the permits	
B.	Re-submittal fee for Dwelling Units	\$ 60.00/unit
C.	New residential garage and accessory buildings. Addition and alteration to residential buildings, garages and accessory buildings	\$ 60.00/unit
D.	A zoning fee for all the above projects will be charged per schedule.	

Residential Permit Fees:

Each Building permit issued under this section shall also be charged a zoning application fee.

A blanket residential permit may be issued to construct a new residential dwelling unit(s) (less than four dwelling units), fee does not include: re-inspection, after-hours inspection or temporary occupancy. The blanket permit fee includes Final Certificate of Occupancy and related accessory buildings such as carports and garages, but does not include community spaces, pools, signage, or mail shelters. Figured on gross floor area of all occupy-able spaces, including halls, common areas, stairways, laundry rooms and carports. Blanket permit fees are not refundable. Change of contractor shall be accomplished only by a permit transfer. Fees do not include fireplace. See Schedule C.

- Permit Expiration will be enforced as established in Section 111 of the 2003 I.R.C.
- The Building Department will perform courtesy inspections of structural fire damage for Township residents
- If construction begins prior to the issuance of permits; fees will be doubled

PLEASE MAKE CHECKS PAYABLE TO VIOLET TOWNSHIP

Permit No. _____

VIOLET TOWNSHIP
APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

PART I – General Information

Applicants Name _____ Phone No. _____

Address _____

Owner's Name _____ Phone No. _____

Address _____

Location of Subject Property _____

Subdivision _____ Lot Number _____

Existing Use of Property _____ Existing Zoning _____

Proposed Use or Construction - Describe _____

PART II

Usable floor space as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics or partial stories.

1st floor Sq. Ft. _____ 2nd floor sq. ft. _____ Garage Sq. Ft. _____ Total Living Area sq. ft. _____

Number of Stories _____ Height _____ Off-street parking sq ft. _____

Dimensions of proposed construction: Length _____ Width _____ Height _____

Accessory Bldg. Sq. Ft. _____ Total No. Accessory Buildings and Combined Sq. Ft. _____

Part III – Site Plan Requirements

The applicant shall submit two (2) copies of a site plan drawn to scale showing the following:

- (a) The actual dimensions of the lot including easements;
- (b) The exact size and location of all existing buildings (all accessory buildings and their dimensions must be shown) on the lot; as well as existing and intended uses for the land and buildings;
- (c) The proposed new construction;
- (d) The applicant must present written evidence from the Board of Health prior to zoning compliance to ensure that the new accessory structure does not interfere with the proper operation and maintenance of the on-site sewage system.
- (e) The applicant must submit structural plans for any commercial structure for review by the Fire Department prior to zoning compliance.
- (f) During construction the contractor must provide a trash bin or dumpster on lot for purpose of containing discarded building materials and other trash.

(g) Lot Size _____ Lot Coverage Sq. Ft. _____
 Main Road Frontage _____ Lot Depth _____
 Front Setback _____ Rear Yard Setback _____
 Side Yard Setbacks: Left _____ Right _____

PART III – Review Procedure

No existing or new building shall be changed in its use in whole or in part until a zoning permit is approved by the Zoning Inspector. The Zoning Inspector shall have up to fourteen (14) days to review the application and may consult technical agencies prior to approval.

PART IV – Applicant’s Affidavit

Application is hereby made for a certificate of zoning compliance. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact in the application, either with or without intention on part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient ground for the revocation of the certificate of zoning compliance at any time.

 Applicant’s Signature Date

 Owner’s Signature Date

Note: No construction shall be allowed within right-of-way until the Violet Township Engineer has approved a “Permit to Work in Right-of-Way”. The Violet Township Road Department is authorized to stop any and all construction taking place within the right-of-way of any Violet Township Road, unless the “Permit to Work in Right-of-Way” has been issued.

FOR OFFICE USE ONLY

Date Received _____ Fee Pd. _____ Receipt No. _____ Date _____

Comments: _____

Action Taken on Application _____

Date of Action _____

 Violet Township Zoning Inspector



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 _____		
RESIDENTIAL:	<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		
COMMERCIAL:	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:	

BUILDING AREA				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
GARAGE, SHED, DECK, ETC				
TOTAL AREA SQUARE FEET				
BUILDING PERMIT				
<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 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
ELECTRICAL PERMIT				
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.: _____		
FIRE ALARM				
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_____				
FIRE SUPPRESSION				
<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:
PLUMBING PERMIT				
NUMBER OF FIXTURES:		TYPE OF SYSTEM: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE		
HVAC PERMIT				
<i>Describe Heating System:</i>		# OF UNITS:		
BRAND: _____		OUTPUT (BTU/HR):		TONS:
MODEL: _____		FUEL TYPE:		# OF OUTLETS:
<i>Describe Cooling System:</i>		<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		
BRAND: _____		FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT		
MODEL: _____				
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	<input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> GAS LOGS
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DEMOLITION PERMIT

STRUCTURE(S) TO BE: <input type="checkbox"/> MOVED <input type="checkbox"/> DEMOLISHED <input type="checkbox"/> OTHER _____	TOTAL SQUARE FOOTAGE OF BUILDING(S): _____
MOST RECENT USE OF BUILDING(S): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	PROPOSED USE OF SITE FOLLOWING DEMOLITION: _____

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
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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.

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: _____

Permit No. _____



AFFIDAVIT FOR BUILDING PERMIT

PROPERTY OWNER OF RECORD

Name (Please Print) _____
 Mailing Address _____ Telephone # _____
 City/State/Zip _____ FAX # _____
 Email Address _____

AGENT FOR OWNER

CONTRACTOR TENANT ARCHITECT/ENGINEER
 ATTORNEY PLAN SERVICE FIRM OTHER _____

Name (Please Print) _____
 Mailing Address _____ Telephone # _____
 City/State/Zip _____ FAX # _____
 Email Address _____

AFFIDAVIT

(please check one)

I am the owner of this 1-, or 2-Family Residential or Miscellaneous Construction

Which is located in Violet Township, Fairfield County, Ohio at:

NUMBER	STREET	CITY	ZIP
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- I understand that additional permits may be required in order to perform work in the road right-of-way
- I understand that all work will comply with the 2003 International Residential Code
- I understand that the placement of all structures and their uses will comply with the regulations specified in the Violet Township Zoning Resolution
- I understand that this affidavit is important and I have told the truth on it and all attached papers.
- Name and signature below must match applicant information on the attached Building Permit Application form.

PRINT NAME _____ SIGNATURE _____

Notary Seal Here

 NOTARY PUBLIC OR
 ZONING & BUILDING DEPARTMENT OFFICIAL

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(3), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.

