



VIOLET TOWNSHIP
ZONING & BUILDING DEPARTMENTS
 12970 Rustic Drive
 Pickerington, Ohio 43147
 (614) 575-5556 Fax (614) 575-5562
 Email: Don.Day@violet.oh.us

Permit No. _____
 Date _____

Application for Plan Review and Building Permit

Site Address _____

Lot # _____ Subdivision/Parcel # _____ Dev. Permit # _____

Description of Project _____

Zoning District _____ Project Cost \$ _____

Application Date __/__/____ Estimated Start Date __/__/____ Estimated Finish Date __/__/____

Type of Improvement: New Construction Addition Alteration Repair/Replacement
 Change of Use Other (*Please Specify*) _____

Application for: Blanket Residential Residential Addition/Alteration/Accessory Structure Demolition
 Building (Structural) Sign Foundation Start Fire Suppression Plumbing Mechanical
 Electrical Fire Alarm Industrialized-Unit Other (*Please Specify*) _____

Residential: One Family Two Family Three Family Four or more Family Mobile Home

Commercial: OBC Use Group: _____ Mixed Use: Yes No *If Yes; Separated:* Yes No
 Construction Type: IA IB IIA IIB IIIA IIIB IV VA VB

Owner _____ Email _____
 Address _____
 Telephone _____ Fax _____ Mobile _____

Applicant _____ Email _____
 Address _____
 Telephone _____ Fax _____ Mobile _____

Contractor _____ Email _____
 Address _____ Contractor Registration # _____
 Telephone _____ Fax _____ Mobile _____

Design Professional _____ Email _____

Architect Engineer Registration # _____

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

Residential Commercial Other _____

of Rooms: _____ # of Bedrooms: _____ Basement: Block Poured Wood Other

of Buildings: _____ # of Units: _____ # of Full Baths: _____ # of ½ Baths: _____

of Stories: _____ Height in feet: _____ A/C: Yes No Elevator: Yes No

Electrical Permit

Residential Commercial Temporary Service New Service Addition/Alteration

Replacement/Repair Hot Tub Mobile Home Service Other _____

Voltage: _____ Phase: _____ Service Conductors: _____ / Set # of Sets: _____ # of Meters: _____

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

Fire Alarm

Alarm System: Yes No # of Devices: _____

Type: Local Central Station Remote Station Proprietary Other _____

Fire Suppression

Sprinklers Hood Suppression Limited Area

Type of system: Wet Dry Anti-freeze Chemical Other _____

of Heads: _____ # of Standpipes: _____ # of Risers: _____

Plumbing Permit

Type of System: Municipal Private # of Fixtures: _____

HVAC Permit

Brand of Heating System: _____ # of Units _____ Output (BTU/HR): _____ Tons: _____

Model of Heating System: _____ Fuel Type: _____ # of Outlets: _____

Brand of Cooling System: _____ Forced Air Radiant Gravity Condensing Unit
 Model of Cooling System: _____ Heat Pump Boiler/Steam Infrared
 Cooling Tower Evaporation Cooler
 Type: Residential Commercial New Addition Alteration Replacement/Repair
 Fireplace Type: Masonry Manufactured Insert Stove Solid Fuel Gas Logs

Demolition Permit

Structure(s) to be Moved Demolished Other _____ Total square footage of building(s): _____
 Most recent use of building(s): Residential Non-Residential
 Proposed use of site following demolition: _____

Sign Permit

Sign Height: _____ Feet _____ Inches Sign Face Width: _____ Sign Face Height: _____ Sign Face Area: _____
 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: _____

Swimming Pool Permit

Swimming Pool Type: Above-Ground In-Ground Outdoor Indoor
 Size: _____ Feet by _____ Feet or Diameter: _____ Feet Total Square Footage: _____
 Does pool have a deck/walkway/apron around it? Yes No
 How is pool protected? (4-ft. minimum barrier required) Fenced Yard 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 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: _____

Hold/Date: _____ Incomplete Complete Approved Disapproved
 Reason: _____ Building Official: _____
 Plans Examiner: _____