



Building Department  
 51 East Columbus Street  
 Pickerington, Ohio 43147  
 Phone: (614) 833-2221 Fax: (614) 833-2273  
<http://www.pickerington.net>

Application # \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Copy to Fire Dept: Yes / No \_\_\_\_\_

## Application for Permit

The City of Pickerington has established *Impact Fees* that may be assessed to your project.  
 Please consult the building department staff with questions concerning your project.

**Project Address:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Valuation of Construction:** \$ \_\_\_\_\_ **Area of Work:** \_\_\_\_\_ sf

**Use Group:** \_\_\_\_\_ **Construction Type:** \_\_\_\_\_

**Commercial:** Application type (Check all that apply):

- New Construction     Addition  
 Repair / Replace     Other

**4 sets of plans required at submittal**

- Alteration     Change of Occupancy  
 Signage     Change of Use

**Residential:** Application type (Check all that apply):

- New Construction     Addition

**2 sets of plans required at submittal**

- Alteration     Repair / Replacement

**Type of work** (Check all that apply):

- Building/Structural     Electrical     HVAC     Plumbing     Fire Protection     Signage

No. of Units	No. of Stories	Height in Feet	Elevator	Yes / No
No. of Rooms	No. of Bedrooms	No. of Full Baths	No. of Half Baths	
Gross Sq Ft	Living Sq Ft	Non Living SQ Ft	Garage:	2 or 3 car
Type of Heat	A/C	Yes / No	Basement	Yes / No

**Property Owner:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

**Tenant:** (if owner, write "Owner" or leave blank)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

**Contractor:** (If owner is completing work – *Homeowner's Affidavit* must be completed.)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone/fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

**Designer:** (if owner, write "Owner" or leave blank)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone/fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

Pickerington Contractor Registration and/or Installer Certification Number \_\_\_\_\_

Architect or Engineer / Designer Certification Number \_\_\_\_\_

I hereby certify that I am the Owner of the above 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 agent. I agree to conform to all applicable laws of this jurisdiction and, when a permit is issued, allow the authorized City Code Official to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I certify that the information and statements given on this application are true and correct.

signature of applicant

printed name

phone

date