

| Application # | | | | |
|--------------------|-----|---|----|--|
| 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: | Lot # / Suite # | | | | | | | | |
|--|---------------------------------|----------------------------|--|----------------------------|--|---|--|--|--|
| Subdivison / Plaza: Description of Work: | Parcel # | | | | | | | | |
| | Total Sq FtArea of Work (sq ft) | | | | | | | | |
| Use Group: | | | | | | | | | |
| Type of work (Check all that apply | | | | | | | | | |
| ☐ Building/Structural | ☐ Electrical | ☐ HVAC | ☐ Plumbing | ☐ Fire P | rotection | ☐ Signage | | | |
| Commercial: Application type (C | heck all that appl | y): | | | | | | | |
| the state of the s | | ☐ Addition ☐ Other | ☐ Alteration ☐ Signage | | ☐ Change of Occupancy ☐ Change of Use | | | | |
| Residential: Application type (Cl | neck all that apply | /): | | | | | | | |
| ☐ New Cor | nstruction | Addition | ☐ Alteration | ☐ Repair | ☐ Repair / Replacement | | | | |
| No. of Units | No. of Stories | | Height in Feet | | Elevator Yes / No | | | | |
| No. of Rooms | No. of Bedroom | ms | No. of Full Baths | | No. of Half Baths Garage: 2 or 3 car | | | | |
| Gross Sq Ft Type of Heat | Living Sq Ft A/C | Yes / No | Non Living SQ Ft Basement | Yes / No | Garage: | 2 or 3 car | | | |
| Address City, State, Zip Code Phone/Fax e-mail | | | Address City, State, Zip Code Phone/Fax e-mail | | | | | | |
| Contractor: (If owner is completing work — Homeowner's Affidavit must be completed.) | | | Designer: (If owner, write "Owner" or leave blank) | | | | | | |
| Name | | | Name | | | | | | |
| Address | | | Address | | | | | | |
| City, State, Zip Code | | City, State, Zi | ip Code | | | | | | |
| Phone | ne Registration # | | Phone | Certification # | | | | | |
| e-mail | | | e-mail | e-mail | | | | | |
| I hereby certify that I am the Owner of the abor his/her agent. I agree to conform to all applica enforce the provisions of the code(s) applicable | ble laws of this jurisdicti | on and, when a permit is i | ssued, allow the authorized C | city Code Official to ente | er areas covered | the owner to make this application as I by such permit at any reasonable hour to | | | |
| signature of applic | signature of applicant | | printed name | | phone | date | | | |
| signature of owner- | | | printed name | <u> </u> | phone | date | | | |