



BUILDING DEPARTMENT
Adam Sears, Zoning/Code
Enforcement

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 Website: www.blendontwp.org

FOR DEPARTMENT USE ONLY

Permit App. No. _____
 Date Received _____
 Date Forwarded _____
 Date Returned: _____
 Date Issued: _____

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:			
LOCATED BETWEEN _____		and _____	
ZONING DISTRICT:	FLOOD PLAIN ZONE	MAP #	DEV. PERMIT NO.:
DESCRIPTION OF PROJECT:			
APPLICATION DATE: ____ / ____ / 20__		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"/> CHANGE OF USE	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPAIR/REPLACEMENT
APPLICATION FOR:	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> BUILDING (STRUCTURAL)	<input type="checkbox"/> SIGN
	<input type="checkbox"/> FIRE SUPPRESSION	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> FIRE-ALARM	<input type="checkbox"/> INDUSTRIALIZED-UNIT
OBC USE GROUP: _____	MIXED-USE: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES; SEPARATED: <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:			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
CONTRACTOR:			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
APPLICANT:			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
DESIGN PROFESSIONAL:			
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			

Blendon Township

BUILDING DEPARTMENT

BUILDING AREA				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
TOTAL AREA SQUARE FEET				
BUILDING PERMIT				
COMMERCIAL		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# OF STORIES	HEIGHT IN FEET:	ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ELECTRICAL PERMIT				
TYPE: <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION / ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR				
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET # OF SETS:	
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:		
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				
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:
HVAC PERMIT				
<i>Describe Heating System:</i> BRAND: _____ MODEL: _____		# OF UNITS:		
		OUTPUT (BTU/HR):		TONS:
<i>Describe Cooling System:</i> BRAND: _____ MODEL: _____		FUEL TYPE:		# OF OUTLETS:
		<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"/> NEW <input type="checkbox"/> ADD. <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR				
DEMOLITION PERMIT				
STRUCTURE(S) TO BE: <input type="checkbox"/> MOVED <input type="checkbox"/> DEMOLISHED		TOTAL SQUARE FOOTAGE OF BUILDING(S):		
<input type="checkbox"/> OTHER_____				
MOST RECENT USE OF BUILDING(S):		PROPOSED USE OF SITE FOLLOWING DEMOLITION:		

Blendon Township

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SIGN PERMIT																			
SIGN HEIGHT: _____ FEET _____ INCHES: _____ SQ. FT.	SIGN FACE AREA: _____ HT X _____ WD =																		
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 _____																			
CERTIFICATION																			
ALL PERMITS SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUE. A ONE TIME RENEWAL SHALL BE PERMITTED IF THE ORIGINAL PERMIT HAS NOT EXPIRED. RENEWED PERMITS SHALL EXPIRE ONE YEAR FROM THE RENEWAL DATE.																			
<i>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 BUILDING DEPARTMENT.</i>																			
<i>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>																			
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: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED																		
REASON: _____	BUILDING OFFICIAL: _____																		
	PLANS EXAMINER: _____																		
Calculate Fees Here	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Initial Deposit</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Occupancy</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Footage</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Zoning</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Plan Review</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Processing Fee</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>3% State Fee</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Other</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Total</td><td style="border-bottom: 1px solid black;"></td></tr> </table>	Initial Deposit		Occupancy		Footage		Zoning		Plan Review		Processing Fee		3% State Fee		Other		Total	
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