Blendon Township Building Department
Eric Moore, Zoning/Code Enforcement
6350 S Hempstead Rd
Westerville OH 43081
P: (740)816-7229
E: buildingpermits@blendontwp.org
Website: www.blendontwp.org

OFFICIAL USE ONLY				
Permit Application No.:	Date Received:	Date Forwarded:	Date Returned:	Date Issued:

APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL & MISCELLANEOUS BUILDING DEPARTMENT SERVICES

Form Issued January 1, 2025/Rev Jan 3, 2025/Rev Jan 17, 2025: All code references from the 2024 OBC

1 Application & Building Department Service Related Information (OBC 107.2[5])

A Is this an initial submittal for Plan Approval? Y: N:

Estimated Construction Starting Date: _____ Estimated Construction Completion Date: _____

Estimated Project Cost: _____

B Has a Commercial Construction Application for Certificate of Zoning been completed? Y: N: If yes, provide Zoning Application Number:

If this application is for plan revision, do the revisions change the building elevations or building footprint? Y: N:

C Is this submittal in response or related to one of the following? (*if yes, indicate and provide the issued Permit Application No.*)

Previously Issued Building Permit Application Number: _____

Inadequate Construction Documents/Plan Review Record/Adj Order: ☐ Plan Review Record/Adjudication Order: ☐

Conditional Plan Approval/Adjudication Order: ☐ Phased-Partial Plan Approval/Adjudication Order: ☐

Amended Construction Documents/Plan Revision: ☐ Preliminary Plan Review: ☐

☐ Request for Miscellaneous Building Department Services as indicated in Section 2 below. (*indicate sumbittal status below*)

Y: N: This request is an initial submittal for Miscellaneous Building Department Services- no previously issued Building Permit Application Number exists. (you will be issued a Building Permit Application Number at the time of this application)

Y: N: This request is in response or related to a previously issued issued Building Permit Application. (*please use the previously issued Building Permit Application Number as indicated & required in Sections 1 and 2*)

Other (*specify*): _____

D Is this submittal in response to an OBC 109 Building Order & Adjudication? (*if yes, indicate type*)

Date Order Was Issued (Refer to the date on the Notice letter): _____

OBC 109.4.2 Adjudication Order for Restoration (Man-made or Natural Disaster/Occupancy Maintained): ☐

OBC 109.4 Adjudication Order for an Unsafe Building (Man-made or Natural Disaster/Vacancy Ordered): ☐

OBC 109.4 Adjudication Order for a Violation (Change of Occupancy or No Work Occupancy Without a Permit): ☐

Occupancy Maintained? Y: ☐ N: ☐ Vacancy Ordered? Y: ☐ N: ☐

OBC 109.4 Adjudication Order for a Violation & Stop Work (Working Without a Permit & Occupancy Without a Permit): ☐

Occupancy Maintained? Y: ☐ N: ☐ Vacancy Ordered? Y: ☐ N: ☐

E Are you requesting an Expedited Plan Review? (*If yes, confirm the following*)

I have read the Expedited Plan Review Request Form. Y: N:

I agree to participate in the Expedited Plan Review program. Y: N:

F Are you applying for a Trade Permit? (*if yes, complete Sections 3, 4, 5H, 5I, 6, 7 & 8 below for additional information required. Applicants are encouraged to review the Trade Permit Guide*) Y: N:

G Are you applying for a reason not identified in this Application? (*if yes, please provide the purpose of your application below*)

_____

2	**Miscellaneous Building Department Services (OBC 107.2[5])**
Previously Issued Building Permit Application Number (where applicable):	
A	I am requesting (*check all that apply*):
☐	Change of Occupancy/No Work Occupancy (*complete Sections 1A, 3, 4, 5, 6 as each existing condition is present, 7 & 8*)
☐	Annual Inspection (Ref OBC 105.1.1)
☐	After-Hours Inspection (Ref Inspections Required- Commercial checklist [Section 2: Guide to Inspections Part B Item #10])
☐	Pay penalty Fees related to OBC 109.4 Adjudication Order for a Violation & Stop Work (*complete Section 1D & entire form*)
☐	Pay re-inspection for disapproved inspection(s) (*provide previously issued Building Permit Number above*)
	Indicate Inspection Type(s) requested
☐	Inspection Card Replacement (Ref Inspections Required- Commercial checklist [Section 1: List of Required Inspections]) (*applicant responsible to obtain all Inspector Sign-Offs from all required inspections agencies not affiliated with Blendon Twp Building Dept [e.g. Franklin County Public Health Plumbing Program]. Inspections may be disapproved or delayed without completed replacement Inspection Card*.)
☐	Permit Transfer (applies to Commercial Building, Trade Permit or other)
☐	Renewal of Plan Approval (OBC 105.6) or Permit (ref OBC 105.7) (make specific request as indicated below)
Y ☐ N ☐ N/A ☐	Construction has not started in the last 355 days since the issuance of the Plan Approval, I request a 12-month extension. I understand that I must make an extension request not less than (10) days prior to expiration. I understand that a maximum of one extension 12-month is allowed. I understand that I may request only one, single extension. This request is the only extension request that I am able to make, after which the Plan Approval will expire, and the related permit will be closed 24-months after the issuance of the Plan Approval.
Y ☐ N ☐ N/A ☐	Construction has been delayed or suspended for 170 days from the last known construction activity, I request a 6-month extension. I understand that I must make an extension request not less than (10) days prior to expiration. I understand that a maximum of two 6-month extensions are allowed. I understand that I may request only two extensions. If this request is my second extension request, I understand that the Plan Approval will expire and the related permit will be closed after the final 6-month construction delay or suspension. This delay applies to completed work where no final or occupancy inspection(s) have been conducted.
☐	Preliminary Plan Review (*complete entire form*)
☐	Certificate of Occupancy or Certificate of Completion and/or Maximum Capacity Card (ONLY for work with a previously issued Building Permit Application Number) (*complete Sections 1, 3, 4, 7 & 8*)
☐	Certificate of Occupancy or Certificate of Completion and/or Maximum Capacity Card (replacement per OBC 111.4) (*complete entire form*)
☐	PARTIAL Certificate of Occupancy or Certificate of Completion and/or Maximum Capacity Card (PARTIAL OCCUPANCY per OBC 111.1.1.3 and ONLY for that part of the work completed in a previously issued Building Permit Application Number; note the following information) (*complete Sections 1, 3, 4, 7 & 8*)
Y ☐	I understand and agree that a Partial C/O or C/C is granted at the discretion of the CBO.
Y ☐	I understand and agree to occupy ONLY the areas allowed to be occupied under the conditions of the Partial C/O or C/C.
Y ☐	I understand and agree that each, single Partial C/O or C/C is valid for only a 60-day time period. I further agree and understand that the CBO may, at his discretion, grant additional 60-day time periods.
Y ☐	I understand and agree that the remainder of the work is required to be completed by the following date:
Y ☐	I understand and agree that the CBO may revoke the Partial C/O or C/C should the building become unsafe or present a serious hazard. In the event of an unsafe condition or serious hazard, an OBC 109.4 Adjudication Order for a Violation & Stop Work with Vacancy Requirement will be issued accordingly.
☐	A hearing before the Ohio Board of Building Appeals? (*if yes, indicate the Permit Application No.* & *complete the entire form*)
Previously Issued Building Permit Application Number: _____	
☐	Temporary Electric Service; a Trade Permit is required (*complete Sections 1, 3, 4, 5, 7 & 8*)
☐	Phased Construction (e.g. Foundation Start) (*complete the entire form*)
☐	Other (*describe*)

3	**Building Location Information (OBC 107.2[2])**		
A	Certified Address:	Suite/Unit/Floor:	Parcel ID Number:
Located Between:	and		
Subdivision:			Bldg/Lot Number:
Existing Use of Building or Space:			
B	FEMA-NFIP Flood Zone Information (*ALL applicants MUST complete this portion of the application regardless of flood zone*)		
Flood Insurance Rate Map AND Panel where building is located:			
Indicated Flood Zone/ Flood Hazard Area:	My building is not in an indicated flood zone/flood hazard area (*no additional information is required to be provided*): ☐		
☐ My building is in an indicated floor hazard area. The Ohio Registered Design Professional has shown all the required information on the submitted Construction Documents to the extent required to determine conformance with the OBC.			

4	**Contact Information (OBC 107.2[5])**	
A	Property Owner of Record Information	
Company/Firm/Organization		Individual Name
Street Address		City/State/Zip & Country if Applicable
Functional Telephone Number & Extension if Applicable		Functional E-Mail Address
B	Applicant Information	
Applicant is: ☐ Property Owner ☐ Contractor ☐ Design Professional ☐ Tenant ☐ Other (describe)_____		
Company/Firm/Organization		Individual Name
Street Address		City/State/Zip & Country if Applicable
Functional Telephone Number & Extension if Applicable		Functional E-Mail Address
C	Design Professional Information	
Responsible Ohio Registered Design Professional (Ref OBC 106.2)	☐ Registered Architect	☐ Professional Engineer
Company/Firm/Organization		Individual Name
Street Address		City/State/Zip & Country if Applicable
Functional Telephone Number & Extension if Applicable		Functional E-Mail Address
D	Owner or Owner's Authorized Agent & Permit Holder (*complete this part regardless of entry information above, no exceptions*)	
☐ I understand and agree to serve as the party that receives all permit-related communications, regardless of method. I am also the permit holder. All fees incurred to transfer permits are payable by the permit holder, no exceptions. The permit holder must notify the Blendon Township Building Department in writing to transfer a permit, no exceptions.		
☐ Property Owner ☐ Contractor ☐ Design Professional ☐ Tenant ☐ Other (describe)_____		
Company/Firm/Organization		Individual Name
Street Address		City/State/Zip & Country if Applicable
Functional Telephone Number & Extension if Applicable		Functional E-Mail Address

5	**Work Scope (OBC 107.2[1][4][5][6] & [7])**	
A	Project Type (*check all that apply*)	
☐	New Building Construction	☐ Change of Occupancy/No Work Occupancy
☐	Building Addition	☐ Request Replacement of Existing C/O or C/C
☐	Building Alteration	☐ Complete Structure Demolition
☐	Change of Occupancy/Change of Use Requiring Alterations	☐ Complete Structure Relocation
☐	Repair/Replacement	☐ Industrialized Unit
☐	Minor Work Only: Under 100 SF or Limited Amount of Work (Approval by the CBO is required for this Project Type)	
☐	The project work scope contains or utilizes a construction assembly consisting of individually listed or labeled products.	
B	Project & Work Scope Description Under This Application (*provide a brief description of the project & work*)	
C	**Project Scope: Commercial Building Permits & Other Permits (*you may apply for ONLY ONE type of permit per project*)**	
D	**Construction Area** (*required for Commercial Building, Tent, Miscellaneous & Non-Exempt Permits, no exceptions*)	

Project Type	Measurement Unit (in Square Feet only)	Construction Area
New Building Construction	*All Building Area(s)* on all stories including garages & basements but excluding attics	
Building Addition	*Area of work only* on all stories including garages & basements but excluding attics	
Building Alteration	*Area of work only* on all stories including garages & basements but excluding attics	
Change of Occupancy/Use Requiring Alterations	*Area of work only* on all stories including garages & basements but excluding attics	
Complete Structure Demolition	*All Building Area(s) on ground floor only* including garages & basements but excluding attics	
Complete Structure Relocation	*All Building Area(s) on ground floor only* including garage but excluding attics (basements are New Building Construction or Building Alterations)	
Industrialized Unit	*All Building Area(s) on all stories* including garages & basements but excluding attics	
Minor Work Only	*Minor/Minimum Permit Fee + Township Administration Fee + OBBS Fees*	

>>> For questions about Construction Area call the CBO at 614/571-8831 or email BHSW.eds@sbcglobal.net <<<

E	**Commercial Building, Tent, Sign, Miscellaneous & OBC 102.10 Non-Exempt Work Permits**	
☐	Commercial Building (*submit comprehensive plans for all work including building services equipment, including plumbing*)	
Y:	N:	Architectural/Structural Work Scopes
Y:	N:	Mechanical Work Scopes (Requires separate & additional Trade Permit)
Y:	N:	Electrical Work Scopes (Requires separate & additional Trade Permit)
Y:	N:	Fire Alarm Work Scopes (Requires separate & additional Trade Permit)
Y:	N:	Fire Suppression Work Scopes (Requires separate & additional Trade Permit)
Y:	N:	Plumbing Work Scopes (Submit plans. All plan review & inspections through Franklin Co Public Health)
☐	Tent Used for Commercial Purposes (*submit plans in accordance with OBC 106 & OFC Rule 31 and address the items below*)	
☐	Commercial Sign, Awning/Canopy & Marquees (*submit plans in accordance with OBC 106 and address the items below*)	
Y:	N:	Awning or Canopy not affiliated with a Commercial Building Permit (Ref OBC 3105)
Y:	N:	Marquee (Ref OBC 3106)
Y:	N:	Did you provide a comprehensive sign plan for this site that: (Ref Zoning Code Section 541)
☐	Illustrates the site plan, with buildings, where each kind/type of sign is located?	
☐	Illustration of each sign kind/type that are proposed for the site and building(s)?	
Y:	N:	Sign Face Change Only (Ref Zoning Code Section 541)
Y:	N:	Temporary Sign (Ref Zoning Code Section 541)
Y:	N:	Ground sign greater than 6'H (Ref OBC 3107 & OBC Appendix H)
Y:	N:	Pole Sign (Ref OBC 3107 & OBC Appendix H)
Y:	N:	Projecting Sign (Ref OBC 3107 & OBC Appendix H)
Y:	N:	Roof Sign (Ref OBC 3107 & OBC Appendix H)
Y:	N:	Wall Sign (Ref OBC 3107 & OBC Appendix H)
Y:	N:	Combination Sign (Ref OBC 3107 & OBC Appendix H)
Y:	N:	Sign, Awning/Canopy or Marquee contains electric building equipment services (power or lighting)
☐	Miscellaneous (*submit plans in accordance with OBC 106 and address the items below*)	
Y:	N:	Public Swimming Pool, Spa or Hot Tub (Ref OBC 3109)

Y:	N:	Solar Energy System (Ref OBC 3111)

☐ OBC 102.10 Non-Exempt Work/Other (*submit plans in accordance with OBC 106*)

Other
(*describe*)

Other
(*describe*)

>>> For questions about Commercial Building Permit work call the CBO at 614/571-8831 or email BHSW.eds@sbcglobal.net <<<

F **Project Scope: Commercial Trade Permits & Other Permits (*you may apply for ONLY ONE type of permit per project*)**

G **Trade Permit Area** (*required for Commercial Trade Permits & Other Permits; no exceptions*)

Project Type	Measurement Unit (in Square Feet only)	Construction Area
New Building Construction	*All Building Area(s)* on all stories including garages & basements but excluding attics	
Building Addition	*Area of work only* on all stories including garages & basements but excluding attics	
Building Alteration	*Area of work only* on all stories including garages & basements but excluding attics	
Change of Occupancy/Use Requiring Alterations	*Area of work only* on all stories including garages & basements but excluding attics	
Complete Structure Demolition	*Minor/Minimum Permit Fee + Township Administration Fee + OBBS Fees*	
Complete Structure Relocation	*Minor/Minimum Permit Fee + Township Administration Fee + OBBS Fees*	
Industrialized Unit	*Minor/Minimum Permit Fee + Township Administration Fee + OBBS Fees*	
Other Trade Permit Types	*See the Trade Permit & Trade Permit Guide*	

>>> For questions about Trade Permit Area call the CBO at 614/323-9905 or email BHSW.eds@sbcglobal.net <<<

H **Commercial Trade Permits & Other Permits**

☐ Commercial Mechanical Trade Permits (*see the Trade Permit & Trade Permit Guide*)

Y:	N:	Building System (mechanical work affiliated with a Commercial Building Permit)
Y:	N:	Stand Alone (mechanical work NOT affiliated with a Commercial Building Permit)
Y:	N:	Repair/Replacement (mechanical work where the equipment is "like for like" replacement)

☐ Commercial Electrical Trade Permits (*see the Trade Permit & Trade Permit Guide*)

Y:	N:	Building System (electrical work affiliated with a Commercial Building Permit)
Y:	N:	Stand Alone (electrical work NOT affiliated with a Commercial Building Permit)
Y:	N:	Repair/Replacement (electrical work where the equipment is "like for like" replacement)
Y:	N:	Temporary Electric Service (electrical work where temporary electric service is required for a construction project)

Quantity of Devices for Electrical Repair/Replacement type permit (*complete the electrical device quantity, no exceptions*.)

Electrical devices, fixtures or equipment that *are not building electric service or Temporary Electric Service*. Maximum of (6) devices, fixtures or equipment.	

☐ Commercial Fire Alarm Trade Permits (*see the Trade Permit & Trade Permit Guide*)

Y:	N:	Building System (fire alarm work affiliated with a Commercial Building Permit)
Y:	N:	Stand Alone (fire alarm work NOT affiliated with a Commercial Building Permit)
Y:	N:	Repair/Replacement (fire alarm work where the equipment is "like for like" replacement)

Quantity of Devices in the Project (*complete the device quantity for ALL Fire Alarm Trade Permits, no exceptions*.)

Notification Appliances (including duct smoke)			Switch & Relays (devices connected to Fire Alarm system; e.g. flow/tamper, damper, etc)		
Signal Appliances			Fire Alarm Control Panel		
Combination Notification & Signal Appliances			NAC/Booster Panel		
Detectors (including duct smoke)			Dialer		
Other (describe)		Qty	Other (describe)	Qty	

☐ Commercial Fire Suppression Trade Permits (*see the Trade Permit & Trade Permit Guide*)

Y:	N:	Building System (fire suppression work affiliated with a Commercial Building Permit)
Y:	N:	Stand Alone (fire suppression work NOT affiliated with a Commercial Building Permit)
Y:	N:	Repair/Replacement (fire suppression work where the equipment is "like for like" replacement)

☐ Commercial Plumbing Permits (Permits & inspections through Franklin Co Public Health Plumbing Program 614/525-3635)

I **OCILB or Ohio SFM License Number (*provide the license number, no exceptions*)**

Provide OCILB or Ohio SFM License Number:
(*company not installer license number*)

>>> For questions about Trade Permit work call the CBO at 614/323-9905 or email BHSW.eds@sbcglobal.net <<<

6	Building Code Data (OBC 107.2[3])												
A	Commercial Building ☐	4 or More Family Dwelling ☐	No. of Units ☐	OBC 310.2.2 Transient Lodging Structure ☐									
OBC 310.4.5 Group R-3 Alternative Compliance Option/Utilize Residential Code of Ohio										Alternative A ☐	Alternative B ☐		
B	OBC Use Group(s):		Mixed Use:	Accessory: ☐	Non-Separated: ☐	Separated: ☐							
Construction Type:	IA ☐	IB ☐	IIA ☐	IIB ☐	IIIA ☐	IIIB ☐	IVA ☐	IVB ☐	IVC ☐	IVHT ☐	VA ☐	VB ☐	
Design Occupant Load:			OBC CH2 Building Height:		OBC CH2 Number of Stories:								
C	Storage in Building (*if yes, describe all as indicated*)	Describe stored commodities:											
Are there Stored OBC 307 Hazardous or Toxic Materials ?	Y:	N:	If yes, did you provide a Maximum Allowable Quantity report with the following items?	MSDS/ SDS ☐	Matl Class ☐	Qty ☐							
Are any of the following being stored? (*check all that apply*)				Tires ☐	Plastics ☐	Aerosols ☐	Pallets ☐						
Pile Height(s):		Aisle Width(s):		If High-Piled Storage, does the design incorporate the requirements of OFC Rule 32?		Y:	N:						
D	Fire Suppression System (*if yes, describe the system as indicated*)			NFPA13 ☐	NFPA13R ☐	NFPA13D ☐							
Throughout ☐	Partial ☐	Locn(s).		Limited Area ☐	Locn(s).								
System Type (*check all that apply*)		Wet ☐	Dry ☐	Preaction ☐	Anti-Freeze ☐	ESFR ☐	Standpipe ☐						
Other (*describe*)													
E	OBC 904 Alternative Extinguishing System (*if yes, describe the system as indicated*)				Type I Hood Fire Suppression ☐								
Other (*describe*)	Type:		Locn.										
F	Fire Alarm System (*if yes, describe the system as indicated*)	NFPA72 ☐	Other (*describe*)	Locn.									
Automatic ☐	Manual ☐	Supervisory ☐	Supervisory Only ☐	Emergency Voice/Alarm Communication ☐									

7	Certification (OBC 107.2[4] & [5])
☐	I certify that I am the Property Owner (OBC 107.2 defined Owner).
OR,	
☐	I certify that I am the OBC 107.2 defined Owner's Authorized Agent and I am the same party identified in Section 4D above.
☐	I certify that all the information contained in this application is true, accurate and complete to the best of my knowledge. I certify and agree to conform to all the applicable laws of Blendon Township and rules of the Ohio Board of Building Standards.
Signature:	
Printed Name:	
Date:	

8	Building Fees (OBC 107.2[5])
The Building Fee Schedule as provided by Blendon Township describes all the applicable fees due for Plan Approval and other Building Department services. In accordance with Building Fee Schedule note the following:	
•	Application Requirements: A deposit of $250 is required at the time of application.
•	Remaining and all other required fees are payable upon receipt of approved plans or notice during construction.
All fees are payable to Blendon Township	

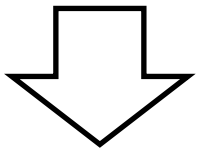
*****End of the Public Portion of the Application for Non-Residential Plan Approval &*****
Miscellaneous Building Department Services

ALL AREAS BELOW ARE FOR OFFICIAL USE ONLY

OFFICIAL USE ONLY

Permit Application No.:	HOLD ☐	Date & Initial:	PROCEED ☐	Date & Initial:
☐ Application is Incomplete (describe):				
☐ Application is Incorrect (describe):				
☐ Application is Inaccurate (describe):				
☐ Building/Site not in this Jurisdiction				
☐ Project and/or Work Scope not Governed under Blendon Twp Laws				
☐ Project and/or Work Scope not Goverened under the rules of the OBBS				
☐ Unpaid Fees and/or Deposit				
☐ Cannot Process Payment (describe):				
☐ Other (describe):				
Additional Comments:				
Reviewed:				
Y:	N:	Adam Sears, Blendon Twp Zoning/Code Enforcement		
Y:	N:	Eric Shaver, Blendon Twp CBO & MPE		
Y:	N:	Other:		

*****FEE TABULATION WORKSHEET NEXT PAGE*****



Fee Tabulation		
>Township Administration Fees<		
Initial Deposit:		
Processing/Admin Fee: (*add for minor work & plans examination*)		
Other: (*describe*)		
	Subtotal Township Administration Fees	
>>Township Zoning Fees<<		
Zoning Compliance:		
Other: (*describe*)		
Other: (*describe*)		
	Subtotal Township Zoning Fees	
>>>Building Department Fees<<<		
Base Charge Fee: ($250 for Building & Trade Permits)		
Square Footage Fee: (*General/Structural*)		
Square Footage Fee ($5.45/100 SF): (*Mech/Elecl/FS/FAL Trade Permit*)		
FAL Device Fee: (Qty x Per Device Fee)		
Plan Review: (*Reimbursible by Applicant*)		
Other: (*describe*)		
Miscellaneous Building Department Fees		
Change of Occupancy/ No Work Occupancy:		
Re-Inspection:		
C/O or C/C:		
Temporary C/O or Temporary C/C:		
Temporary Electric Service:		
Other: (*describe from Fee Schedule*)		
Other: (*describe from Fee Schedule*)		
	Subtotal Building Department Fees	
>>>>Ohio Board of Building Standards Fee<<<<		
3% Fee: (Excludes Zoning Fees)		
	Subtotal OBBS Fees	
> >Total Fee Tabulation< < < < < < < < < < < < < < < < < < < < <		
Subtotal Township Admin Fees		
Subtotal Township Zoning Fees	Plus	
Subtotal Building Department Fees	Plus	
Subtotal OBBS Fees	Plus	
	TOTAL OF ALL FEES	