CITY OF
PICKERINGTON

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: _____ **Parcel #** _____

Description of Work: _____

Valuation of Construction: $_____**Total Sq Ft** _____**Area of Work (sq ft)** _____

Use Group:_____ **Construction Type:**_____

Type of work (Check all that apply):

☐ Building/Structural   ☐ Electrical   ☐ HVAC   ☐ Plumbing   ☐ Fire Protection   ☐ Signage

Commercial: Application type (Check all that apply):   **4 sets of plans required at submittal**

☐ New Construction   ☐ Addition   ☐ Alteration   ☐ Change of Occupancy
☐ Repair / Replace   ☐ Other   ☐ Signage   ☐ Change of Use

Residential: Application type (Check all that apply):   **2 sets of plans required at submittal**

☐ New Construction   ☐ Addition   ☐ Alteration   ☐ Repair / Replacement

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 _____ Registration # _____

e-mail _____

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

Name _____

Address _____

City, State, Zip Code _____

Phone _____ Certification # _____

e-mail _____

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**

_____   _____   _____   _____
signature of owner   **printed name**   **phone**   **date**
*All Commercial Projects will require the signature of the building owner.