



FOR DEPARTMENT USE ONLY

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

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:	
LOT #:	SUBDIVISION / PARCEL No.:
LOCATED BETWEEN	and
ZONING DISTRICT:	FLOOD PLAIN ZONE: <i>X if Not Applicable</i> MAP # _____ DEV. PERMIT NO.:
DESCRIPTION OF PROJECT:	
APPLICATION DATE: ____ / ____ / 200____	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"/> REPAIR / REPLACEMENT <input type="checkbox"/> OTHER _____
APPLICATION FOR:	<input type="checkbox"/> BLANKET RESIDENTIAL <input type="checkbox"/> RESIDENTIAL ADDITION / ALTERATION / ACCESSORY STRUCTURE <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> MECHANICAL <input type="checkbox"/> OTHER _____
RESIDENTIAL:	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> FOUR OR MORE FAMILY <input type="checkbox"/> MOBILE HOME
OWNERS NAME:	
ADDRESS:	
TELEPHONE:	FAX: _____ MOBILE: _____
E-MAIL ADDRESS:	
CONTRACTOR(S): (See note at page bottom)	
CONTRACTOR(S) REGISTRATION No. _____	
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	REGISTRATION No.: _____
ADDRESS:	
TELEPHONE:	FAX: _____ MOBILE: _____
E-MAIL ADDRESS	

Greenfield Township

Fairfield County, Ohio



BUILDING CONSTRUCTION AREA (List the square footage under the appropriate column below)

SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	OCCUPANCY LOADS
BASEMENT			
FIRST FLOOR			
2, 3, FLOORS, ETC.			
GARAGE, SHED, DECK, ETC			
TOTAL AREA SQUARE FEET			

BUILDING PERMIT (Complete for structural construction)

<input type="checkbox"/> RESIDENTIAL	BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER
# OF ROOMS: _____	# OF BEDROOMS: _____
# OF BUILDINGS: _____	# OF UNITS: _____
# OF FULL BATHS: _____	# OF 1/2 BATHS: _____
# OF STORIES _____	HEIGHT IN FEET: _____
A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO	

RESIDENTIAL DESIGN CRITERIA (Complete for all residential construction projects)

<p>FOUNDATIONS (INT'L CHAP 4)</p> <p><input type="checkbox"/> Basement Dimensions _____ x _____</p> <p><input type="checkbox"/> Crawl Space Dimensions _____ x _____</p> <p><input type="checkbox"/> Footer Dimensions _____ x _____ x 30" Deep</p> <p><input type="checkbox"/> 4" Block (max 3 courses, reinforced & grouted)</p> <p><input type="checkbox"/> 8" Block ACI 318, BIA Eng. Brick Masonry</p> <p><input type="checkbox"/> 12" Block NCMA TR-68A ACI/ASCE 530</p> <p><input type="checkbox"/> _____ x _____ Treated Posts with Pads</p> <p><input type="checkbox"/> Poured Concrete (8" wide with footer)</p> <p><input type="checkbox"/> Poured Concrete (12" wide without footer)</p> <p><input type="checkbox"/> 1/2" Anchor Bolts or Straps</p> <p><input type="checkbox"/> Other _____</p>	<p>FLOORS (INT'L CHAP. 5)</p> <p><input type="checkbox"/> First Floor Dimensions _____ x _____</p> <p><input type="checkbox"/> Second Floor Dimensions _____ x _____</p> <p><input type="checkbox"/> Plate Size _____ x _____</p> <p><input type="checkbox"/> Center Beam Size _____ Max. Span _____</p> <p><input type="checkbox"/> Joist Size _____ x _____ Max Span _____</p> <p><input type="checkbox"/> 1/2" - 4 Ply Sheathing</p> <p><input type="checkbox"/> 5/4" Decking</p> <p><input type="checkbox"/> 3/4" T & G</p> <p><input type="checkbox"/> 3/4" OSB</p> <p><input type="checkbox"/> Concrete Slab (4" minimum thickness)</p> <p><input type="checkbox"/> Other _____</p>
<p>WALL CONSTRUCTION (INT'L CHAP. 6 & 7)</p> <p><input type="checkbox"/> 2x4 - 16" c-c (structural grade)</p> <p><input type="checkbox"/> 2x4 - 24" c-c (structural grade)</p> <p><input type="checkbox"/> 2x6 - 24" c-c (structural grade)</p> <p><input type="checkbox"/> 2-2x4 Headers (2' - 4' spans bearing walls)</p> <p><input type="checkbox"/> 2-2x6 Headers (4' - 6' spans bearing walls)</p> <p><input type="checkbox"/> 2-2x8 Headers (6' - 8' spans bearing walls)</p> <p><input type="checkbox"/> 2-2x10 Headers (8' - 10' spans bearing walls)</p> <p><input type="checkbox"/> 2-2x12 Headers (10' - 12' spans bearing walls)</p> <p><input type="checkbox"/> Spans Exceeding 12' Will Be Designed</p> <p><input type="checkbox"/> Other _____</p>	<p>ROOF - CEILING (INT'L CHAP. 8 & 9)</p> <p><input type="checkbox"/> 2x4 - c-c (stringers 4' apart max.)</p> <p><input type="checkbox"/> 2x6 - 24" c-c (stringers 4' apart sheath clips required)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Trusses 24" c-c (sheathing clips required)</p> <p><input type="checkbox"/> 7/16" OSB</p> <p><input type="checkbox"/> 1/2" Plywood</p> <p><input type="checkbox"/> 1" Nominal Dimension Sheathing</p> <p><input type="checkbox"/> Shingles Class _____</p> <p><input type="checkbox"/> Felt Paper _____ # with 40-lb. starter</p> <p><input type="checkbox"/> Roof Pitch _____</p> <p><input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Other _____</p>

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ELECTRICAL PERMIT

TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE			
<input type="checkbox"/> ADDITION / ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> OTHER			
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET # OF SETS:
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:	
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____	

PLUMBING PERMIT

NUMBER OF FIXTURES:	TYPE OF SYSTEM:
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HVAC PERMIT

<i>Describe Heating System:</i> BRAND: _____ MODEL: _____	# OF UNITS: _____ OUTPUT (BTU/HR): _____ TONS: _____ FUEL TYPE: _____ # OF OUTLETS: _____
<i>Describe Cooling System:</i> BRAND: _____ MODEL: _____	<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> CONDENSING UNIT
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURERED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS

DEMOLITION PERMIT

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SIDEWALK PERMIT

TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DRIVEWAY WIDENING <input type="checkbox"/> APPROACH NEW <input type="checkbox"/> APPROACH REPLACEMENT
<input type="checkbox"/> SIDEWALK PROGRAM: PHASE _____ <input type="checkbox"/> EXTERIOR SLAB
<i>Two (2) inspections are required. Sidewalk and approach are to be replaced within 7 days of tear out. Call for final inspection when form removed and grade work is complete.</i>

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SWIMMING POOL PERMIT

SWIMMING POOL TYPE: <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND <input type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR	SIZE: _____ FEET X _____ FEET OR DIA.: _____ FEET
	TOTAL SQUARE FOOTAGE : _____
DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW IS POOL PROTECTED? 6-FT. MINIMUM BARRIER REQUIRED. <input type="checkbox"/> FENCED YARD <input type="checkbox"/> BUILT-IN GUARDRAIL

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)

READ CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION: 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 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 GREENFIELD TOWNSHIP BUILDING/ZONING DEPARTMENT.

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 HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____	DATE: _____
	PRINT NAME: _____

<input type="checkbox"/> HOLD / DATE: _____ REASON: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIALLY APPROVED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	BUILDING OFFICIAL: _____ / ____ / ____
	PLANS EXAMINER: _____ / ____ / ____