



BUILDING DEPARTMENT

47 Hall Street | Powell, OH 43065 | 614.885.5380 | cityofpowell.us

RESIDENTIAL PERMIT APPLICATION

Date: _____ Permit Number: _____

Property Address: _____

Subdivision: _____ Lot #: _____ Parcel #: _____

Owner Name: _____ Phone #: _____

Current Address: _____ City, State: _____ Zip: _____

Contractor: _____ Phone #: _____ Email: _____

Address: _____ City, State: _____ Zip: _____

Brief description of work to be done: _____

Check all that apply:

- Single Family Home
- Manufactured Home, Addition, Alteration, Deck, Accessory, Pool or Industrialized Unit

Basement: _____ Sq. Ft. Number of Bedrooms: _____
 First Floor: _____ Sq. Ft. Number of Bathrooms: _____
 Second Floor: _____ Sq. Ft. Number of Masonry Fireplaces: _____
 Garage: _____ Sq. Ft. Number of Pre Fab Fireplaces: _____
Total: _____ Sq. Ft. Construction Cost \$: _____
 Deck: _____ Sq. Ft.

Electrical (Check all that apply): * Please note recent change to application; "sub panel" information now requested

- Temporary Electric Service
- Permanent Service (if accessory building, alteration)
- Low Voltage Permanent Service size: (< or = 400 amp.) (> 400 amp.) (> or = 600 amp.)
- Generator
- Misc. wiring
- * Sub-Panel(s) how many, _____ what size(s) _____ (amps) Devices only.

Gas appliances (indicate number of units)

____ Furnace ____ Water Heater ____ Cook Top ____ Clothes Dryer ____ Pre Fab Fireplace(s) ____ Range
____ Grill ____ Log Lighter(s) ____ Other (indicate) _____

HVAC Equipment (indicate number of units, other than gas units listed above):

____ Elect. Furnace ____ Air Conditioner ____ Heat Pump ____ Other (indicate) _____

Do floodplain regulations apply? Yes _____ No _____

Certification: I hereby certify 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 authorized agent and agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware.

Signature of Owner/Agent _____ Print or type name here _____ Date _____

Phone: _____

CHECKLIST MUST BE COMPLETED