

# CITY OF POWELL

## APPLICATION FOR COMMERCIAL BUILDING PERMIT



Please type or print all applicable information.

Permit No. \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Project Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Tenant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Architect / Engineer:** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

**General Contractor (must be registered):** \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Total Square Feet of Project: \_\_\_\_\_ Cost of Construction: \$ \_\_\_\_\_  Addition  Alteration  Change of Occ.

AREA	SQUARE FEET PER FLOOR	OCCUPANCY INFORMATION FOR ALL BUILDINGS			
		USE GROUP	FIRE RATING (HOURS)	OCCUPANCY LOAD (PERSONS)	FLOOR LIVE LOAD (PSF)
BASEMENT (FLOOR BELOW GRADE)					
FIRST FLOOR					
SECOND FLOOR					
THIRD FLOOR					
FOURTH FLOOR					
ACCESSORY BUILDING					
<b>TOTAL SQUARE FOOTAGE OF BUILDING</b>					

- PLEASE COMPLETE INFORMATION ON REVERSE SIDE -

City of Powell Building Department · 47 Hall Street · Powell, OH 43065 · (614)885-5380  
[www.cityofpowell.us](http://www.cityofpowell.us) Visit our website for information, forms, scheduling inspections and fee schedule

CONSTRUCTION TYPE				OBC USE GROUP							
	A	B	C	A1		E		H4		R3	
I				A2		F1		I1		R4	
II				A3		F2		I2		R5	
III				A4		H1		M		S1	
IV				A5		H2		R1		S2	
V				B		H3		R2		U	

**SUBMIT ONE APPLICATION FOR EACH BUILDING OR PROJECT.**

**SEPARATE PERMITS ARE REQUIRED FOR ELEVATORS, REFRIGERATION, SEWER, WATER, AND PRESSURE PIPING.**

**IF PROJECT IS A BUILDING ADDITION OR ALTERATION, PLEASE COMPLETE THE FOLLOWING FOR THE EXISTING BUILDING:**

<b>A. FLOOR AREA – SQ.FT.</b>	
<b>B. WALLS</b>	<input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME/WOOD <input type="checkbox"/> METAL <input type="checkbox"/> OTHER _____
<b>C. FLOORING</b>	<input type="checkbox"/> WOOD ON WOOD JOISTS <input type="checkbox"/> CONCRETE ON STEEL JOISTS <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER _____
<b>D. CEILINGS</b>	EXPOSED JOISTS: <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTER ON LATH <input type="checkbox"/> FIRE RATED DRYWALL

**Show any firewalls, their thickness and opening. Does the addition block exits from present building? If so, how? Is existing fire suppression system extended? Is existing signaling system extended? Comments and other explanations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTICE: The approval of this application, drawings or any notations thereon shall not excuse the applicant from complying with all building ordinances, all statutes of the State, the rules of the State and this Department, all of which are implied to be included herein and made a part hereof, and all objections to same are hereby waived by the applicant whose signature is hereto attached. In consideration and permission given we do hereby covenant and agree to construct, erect, alter, or install as above described.

If you are not the owner, your signature below certifies that the proposed work is authorized by the owner of record and that you have been authorized to make this application as the Owner's Authorized Agent.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**OFFICE USE ONLY** \_\_\_\_\_

Plan Review .....	\$ _____	Fire Suppression .....	\$ _____
Structural .....	\$ _____	Insulation .....	\$ _____
Electric .....	\$ _____	Fireplace .....	\$ _____
Low Voltage Electric .....	\$ _____	Miscellaneous .....	\$ _____
HVAC .....	\$ _____	Occupancy .....	\$ _____
Plumbing .....	\$ _____	State of Ohio – 3% .....	\$ _____
		<b>BUILDING FEE TOTAL</b> .....	\$ _____
		<b>ZONING FEE TOTAL</b> .....	\$ _____
		<b>TOTAL DUE:</b>	
		<b>Make payable to the City of Powell</b> .....	\$ _____

**For a copy of the fee schedule go to [www.cityofpowell.us](http://www.cityofpowell.us)**