

# FRANKLIN TOWNSHIP

Franklin County, Columbus, Ohio

## BUILDING DEPARTMENT

2193 Frank Road  
Columbus, Ohio 43233  
(614) 279-9411

J. Michael Asebrook, AIA, CBO

FOR DEPARTMENT USE ONLY

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

Date Received \_\_\_\_\_

Date Forwarded \_\_\_\_\_

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

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

## APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:				
LOCATED BETWEEN _____		and _____		
ZONING DISTRICT:	FLOOD PLAIN ZONE:	MAP #	DEV. PERMIT NO.:	
DESCRIPTION OF PROJECT:				
APPLICATION DATE:    /    / 20__		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"/> CHANGE OF USE	<input type="checkbox"/> OTHER		
APPLICATION FOR: <input type="checkbox"/> DEMOLITION <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> SIGN <input type="checkbox"/> FOUNDATION START				
<input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FIRE-ALARM <input type="checkbox"/> INDUSTRIALIZED-UNIT				
<input type="checkbox"/> OTHER _____				
OBC USE GROUP: _____ MIXED-USE: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES; SEPARATED:.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
CONSTRUCTION TYPE: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB				
OWNERS NAME:				
ADDRESS:				
TELEPHONE:		FAX:	MOBILE:	
E-MAIL ADDRESS:				
CONTRACTOR:				
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				
ADDRESS:				
TELEPHONE:		FAX:	MOBILE:	
E-MAIL ADDRESS				

**Franklin Township**  
**BUILDING DEPARTMENT**

<b>BUILDING AREA</b>				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
<b>TOTAL AREA SQUARE FEET</b>				
<b>BUILDING PERMIT</b>				
COMMERCIAL		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# OF STORIES	HEIGHT IN FEET:	ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>ELECTRICAL PERMIT</b>				
TYPE: <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION / ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR				
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET # OF SETS:	
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:		
<b>FIRE-ALARM</b>				
ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF DEVICES:		
TYPE: <input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> OTHER_____				
<b>FIRE-SUPPRESSION</b>				
<input type="checkbox"/> SPRINKLERS <input type="checkbox"/> HOOD SUPPRESSION <input type="checkbox"/> LIMITED AREA				
TYPE OF SYSTEM: <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ANTI-FREEZE <input type="checkbox"/> CHEMICAL <input type="checkbox"/> OTHER_____				
NO. OF HEADS:		NO. OF STANDPIPES:	NO. OF RISERS:	
<b>HVAC PERMIT</b>				
<i>Describe Heating System:</i>		# OF UNITS:		
BRAND: _____		OUTPUT (BTU/HR):		TONS:
MODEL: _____		FUEL TYPE:		# OF OUTLETS:
<i>Describe Cooling System:</i>		<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> GRAVITY <input type="checkbox"/> INFRARED <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> BOILER/STEAM <input type="checkbox"/> CONDENSING UNIT <input type="checkbox"/> COOLING TOWER <input type="checkbox"/> EVAPORATION COOLER		
TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> ADD. <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR				
<b>DEMOLITION PERMIT</b>				
STRUCTURE(S) TO BE: <input type="checkbox"/> MOVED <input type="checkbox"/> DEMOLISHED <input type="checkbox"/> OTHER_____		TOTAL SQUARE FOOTAGE OF BUILDING(S):		
MOST RECENT USE OF BUILDING(S):		PROPOSED USE OF SITE FOLLOWING DEMOLITION:		

