



Village of Minerva Park

PLANNING & ZONING
2829 MINERVA LAKE RD
COLUMBUS OH 43231
PHONE: 614-882-5743
FAX: 614-882-0701

PERMIT NO: _____
MP NO. _____
RECD BY _____ DATE: _____

BUILDING PERMIT – COMMERCIAL/MULTI-FAMILY – APPLICATION

<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> 3 MULTI-FAMILY (4 OR MORE UNITS)	
JOB SITE ADDRESS:		PARCEL ID NO(S).	
Estimated cost of Entire Project:		Square Footage of Project Scope of Work:	
Occupancy Description: (reference Use Group Table)		Type of Construction: (reference Construction Type table)	
Description/Scope of Work:			
PROPERTY OWNER Name:			
Commercial Tenant Name (if applicable):		Commercial Tenant Phone No. (if applicable):	
Property Owner Address:			
Property Owner Email:		Property Owner Phone No.:	
CONTRACTOR Name:			
Contractor Address:		Contractor Registration No.:	
Contractor Email:		Contractor Phone No:	
REGISTERED DESIGN PROFESSIONAL Name:		<input type="checkbox"/> architect <input type="checkbox"/> designer <input type="checkbox"/> engineer <input type="checkbox"/> other: _____	
Registered Design Professional Address:		State License No.:	
Registered Design Professional Email:		Registered Design Professional Phone No.:	

CERTIFICATION

I certify that I am the property owner of the authorized agent representing the owner, and that the information on this application is complete and accurate to the best of my knowledge, and that the information contained on drawings and text are a true and accurate representation of the dimensions and facts applicable to the request, and that there are no deed restrictions that prohibit this work.

Name: _____ Title: _____

Signature: _____ Date: _____

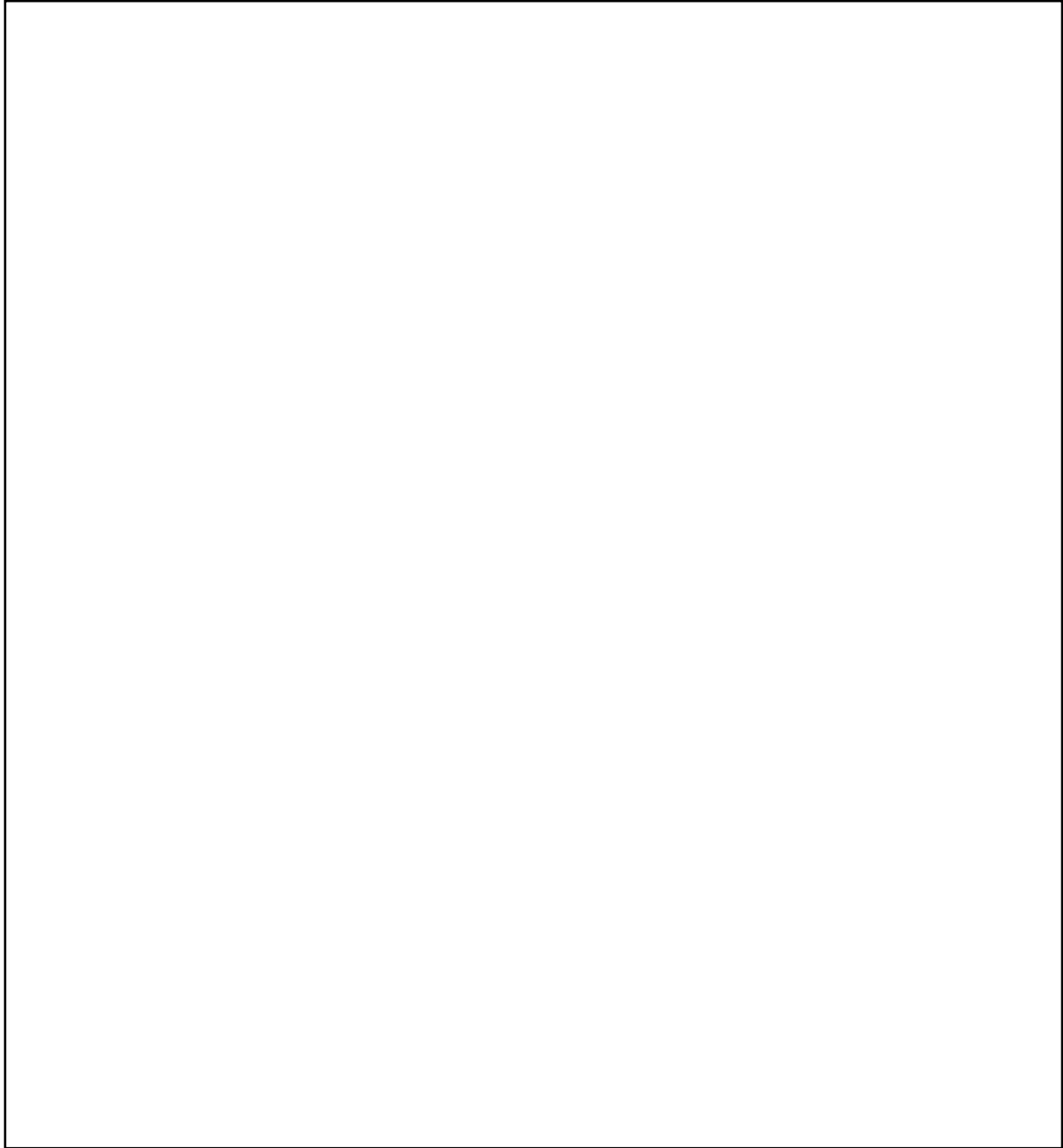
BUILDING PERMIT – COMMERCIAL/MULTI-FAMILY – APPLICATION CONTD

	This application is NOT a permit. No work may begin until a permit is issued.	
	When each phase of work is complete, an inspection is required. To request inspection, call 614-882-5743	
	5 sets of construction documents to be submitted.	
	1 PDF digital copy of construction documents to be submitted.	
<input type="checkbox"/>	Check box if project includes use of industrialized unit.	
<input type="checkbox"/>	Check box if project includes use of an assembly of individually listed or labeled products.	
FEES	TYPE OF WORK (check all that apply)	
See Schedule	<input type="checkbox"/> NEW CONSTRUCTION/ADDITION	
\$150	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY (includes 1 inspection)	
\$1,500	<input type="checkbox"/> CHANGE OF USE (Previous Use Group: _____) (includes 1 inspection)	
\$25	<input type="checkbox"/> DECK (includes 3 inspections)	
\$150	<input type="checkbox"/> DEMOLITION (includes 1 inspection) – over 200sqft	
\$25	<input type="checkbox"/> DRIVEWAY APPROACH (if in right-of-way; right-of-way permit required) (includes 1 inspection)	
\$200	<input type="checkbox"/> FENCE (higher than 6' – requires proof of variance through Zoning Dept) (includes 2 inspections)	
	FIRE PROTECTION SYSTEM (includes 2 inspections) UNDERGROUND PIPING <input type="checkbox"/> \$ _____ FIRE ALARM(S): <input type="checkbox"/> 0-10 devices \$300 <input type="checkbox"/> 11-20 devices \$700 <input type="checkbox"/> \$ _____ SPRINKLER SYSTEM(S): <input type="checkbox"/> 0-10 devices \$300 <input type="checkbox"/> 11-20 devices \$700 <input type="checkbox"/> \$ _____ KITCHEN HOOD & DUCT: <input type="checkbox"/> \$200	
\$350	<input type="checkbox"/> GARAGE (detached: misc. and utility structures) (includes 5 inspections)	
\$100	<input type="checkbox"/> ROOFING (ice guard required) (includes 2 inspections) select options below: <input type="checkbox"/> tear off & re-roof <input type="checkbox"/> sheathing repair/replacement <input type="checkbox"/> roof over (allowed 1x per RCO)	
\$100	<input type="checkbox"/> SHED (less than or equal to 200 sq. ft., if over 200 sq. ft., select Garage above) (includes 1 inspection)	
\$250	<input type="checkbox"/> SIDEWALK (only new requires building permit; if in right-of-way, right-of-way permit is always required)(includes 1 inspection)	
Use other form	<input type="checkbox"/> SIGN – use Sign Permit Application	
\$50	SWIMMING POOL / SPA (electrical permit may be required) <input type="checkbox"/> IN GROUND (includes 2 inspections) <input type="checkbox"/> ABOVE GROUND (includes 1 inspection) DRAINAGE IS TO: <input type="checkbox"/> storm sewer <input type="checkbox"/> sanitary sewer <input type="checkbox"/> open ditch	
\$20	<input type="checkbox"/> TEMPORARY STRUCTURE (includes 2 inspections)	
	<input type="checkbox"/> TENTS (open sides totaling more than 700 sq. ft.; closed sides totally more than 400 sw. ft. can be one tent or multiple tents)(includes 1 inspection)	
	<input type="checkbox"/> PLUMBING (\$200 1 st fixture + \$20 per additional)	
	<input type="checkbox"/> WATER TAP (see fee schedule)	
\$7,588	<input type="checkbox"/> SEWER TAP	
\$1,000	<input type="checkbox"/> STORM SEWER	
	<input type="checkbox"/> ADDITIONAL INSPECTIONS: _____ no. of additional inspections purchased (only the specified included number of inspections are allotted with the permit; all additional inspections must be purchased prior to scheduling inspections.) NOTE: there will be no refunds	
	<input type="checkbox"/> OTHER:	
	TOTAL FEES - payment due at the time permit is issued; includes BBS fees. Reference: Building & Zoning Fee Schedule	INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____
<input type="checkbox"/>	If work is determined to be more extensive than represented on this application, additional fees may be required	

Location: _____ Permit # _____

SITE PLAN - REQUIRED

Please show property lines, all dimensions of existing structures, any proposed structures, and how far structures are from one another, and dimensions from the property lines (*you may use graph paper, or any other site plan showing this required information*)



___ NOT TO SCALE ___ TO SCALE

AUTHORIZATION CONSENT FORM

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications

AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S) *If the applicant is not the property owner, this section must be completed*

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: _____ **Date:** _____

AUTHORIZATION TO VISIT PROPRTY

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice (if applicable) on the property as described in this application.

Property Owner Signature: _____ **Date:** _____

AGREEMENT TO COMPLY AS APPROVED

I, _____, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plan shall be submitted for the review and approval to the Planning and Zoning Division staff

Applicant Signature: _____ **Date:** _____

APPLICATION ACCEPTANCE

If This application has been reviewed and is considered complete and is hereby accepted by the Planning & Zoning Dept of Village of Minerva Park and shall be:

- Forwarded to the Village of Minerva Park Planning & Zoning Commission for consideration.
- Forwarded to the Administration for consideration.

Planning & Zoning Administrator Signature: _____

APPROVAL BY THE PLANNING & ZONING ADMINISTRATOR

In accordance with the Codified Ordinances of the Village of Minerva Park, I hereby certify that this project, as stated above, was approved by the Planning & Zoning Administrator on _____. The applicant shall comply with any conditions approved by the Planning and Zoning Administrator and shall comply with all building, zoning and landscaping regulations of the Village of Minerva Park.

Planning & Zoning Clerk Signature: _____

Code Enforcement Officer Signature: _____

Planning & Zoning Commission Signature: _____

This application will be forwarded to the Planning & Zoning Commission read by title at the first regular meeting of Planning & Zoning Commission following approval by the Planning & Zoning Administrator.
