



**PRAIRIE TOWNSHIP**

25 Maple Drive  
Columbus, Ohio 43228

Telephone (614) 878-3317 ext. 103  
Fax (614) 878-0566  
www.prairietownship.org

<b>PERMIT APP NO.:</b>	_____
<b>DATE RECEIVED:</b>	_____
<b>DATE FORWARDED:</b>	_____
<b>DATE RETURNED:</b>	_____
<b>DATE ISSUED:</b>	_____

**APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT**

SITE ADDRESS:			
LOT #:	SUBDIVISION / PARCEL NO:	TOWNSHIP:	
LOCATED BETWEEN		and	
ZONING DISTRICT:	FLOOD PLAIN ZONE:	MAP #:	DEV. PERMIT NO.:
DESCRIPTION OF PROJECT:			
APPLICATION DATE: / / 20__	PROJECT COST: \$ STATE REQUIRED		
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"/> CHANGE OF USE	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPAIR / REPLACEMENT
APPLICATION FOR STRUCTURE:	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> BUILDING (STRUCTURAL)	<input type="checkbox"/> FOUNDATION START
	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE ALARM
	<input type="checkbox"/> OTHER		<input type="checkbox"/> FIRE SUPPRESSION
			<input type="checkbox"/> INDUSTRIALIZED-UNIT
<b>COMMERCIAL:</b> OBC USE GROUP: _____ MIXED USE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: SEPARATED <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			
<b>OWNERS:</b>			
ADDRESS:			
PHONE:	FAX:	CELL:	
E-MAIL:			
<b>CONTRACTOR:</b>			
CONTRACTOR REGISTRATION No.			
ADDRESS:			
PHONE:	FAX:	CELL:	
E-MAIL:			
<b>APPLICANT:</b>			
ADDRESS:			
PHONE:	FAX:	CELL:	
E-MAIL:			
<b>DESIGN PROFESSIONAL:</b>			
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER	REGISTRATION No.:		
ADDRESS:			
PHONE:	FAX:	MOBILE:	
E-MAIL:			



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BUILDING AREA				
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>				
BUILDING PERMIT				
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER				
# OF BUILDINGS:		# OF UNITS:		
# OF STORIES		HEIGHT IN FEET:		
ELECTRICAL PERMIT				
TYPE: <input type="checkbox"/> COMMERCIAL <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:		
FIRE ALARM				
ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO			NO. OF DEVICES:	
TYPE: <input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION				
FIRE SUPPRESSION				
<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:
HVAC PERMIT				
Describe Heating System:		# OF UNITS:		
BRAND: _____		OUTPUT (BTU/HR):		TONS:
MODEL: _____		FUEL TYPE:		# OF OUTLETS:
Describe Cooling System:		<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> INFRARED <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> BOILER/STEAM <input type="checkbox"/> CONDENSING UNIT <input type="checkbox"/> COOLING TOWER		
BRAND: _____				
MODEL: _____				
TYPE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR				



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**CERTIFICATION**

**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 PRAIRIE TOWNSHIP BUILDING 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: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> PARTIAL APPROVAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
REASON: _____	BUILDING OFFICIAL: _____
	PLANS EXAMINER: _____

Calculate Fees Here

<input type="checkbox"/> General Structural	<input type="checkbox"/> Final Certificate of Occupancy	Initial	_____
<input type="checkbox"/> Electrical	<input type="checkbox"/> 60-Day Temp Certificate of Occupancy	Occupancy	_____
<input type="checkbox"/> Sprinkler/Fire Suppression	<input type="checkbox"/> Foundation Start	Footage	_____
<input type="checkbox"/> HVAC/Refrigeration	<input type="checkbox"/> Variance for Building Code Section	Plan Review	_____
<input type="checkbox"/> Plan Review Fee	<input type="checkbox"/> Temporary Electrical Service	Processing Fee	_____
<input type="checkbox"/> Misc. Charges - Explain _____		3% State Fee	_____
		Other	_____
		<b>TOTAL</b>	_____

**STATE LICENSE CONTRACTORS**

<input type="checkbox"/> Plumbing	# _____
<input type="checkbox"/> Mechanical	# _____
<input type="checkbox"/> Electrical	# _____
<input type="checkbox"/> Medical Gas	# _____
<input type="checkbox"/> Fire Protection	# _____

MINIMUM REQUIREMENTS INCLUDE THE SUBMISSION OF ENGINEERED SITE PLANS.  
 THIS SHEET SHOULD ONLY BE USED AT THE REQUEST OF THE BUILDING DEPARTMENT.