



CITY OF LANCASTER

BUILDING DEPARTMENT

121 East Chestnut Street, Suite 102

Lancaster, Ohio 43130-3825

(740) 687-6649

Forms & Information web site www.ci.lancaster.oh.us

COMMERCIAL ONLY

MINIMUM REQUIREMENTS FOR PLAN APPROVAL

OHIO BUILDING CODE (OBC) COMMERCIAL REGULATED CONSTRUCTION

(All applications MUST include the following five (5) items)

1. Complete the Permit Application with:
 - a. Type of permit requested.
 - b. Property information.
 - c. Owner information.
 - d. Estimated start/finish dates and value for each type of permit application.
2. Return the completed Permit Application to the Lancaster Building Department with a **\$100.00 non-refundable** deposit. The deposit shall be applied toward the review and final permit fee.
3. Provide a **total of four (4) complete sets of drawings of the plans and specifications** for the building, and **four (4) sets of site drawings**. Failure to include the proper number of drawings will result in the entire application being returned unprocessed. Two sets of building drawings and two sets of site drawings will be returned upon approval of the permit. One set of approved drawings, permit cards, and related correspondence shall be maintained at the project site.
4. **Minimum drawing requirements include, but are not limited to:**
 - a. Bear the Seal of a register design professional, in compliance with Sections 3791.04, 4703.12, and 4733.14 of the Ohio Revised Code.
 - b. Plans shall be drawn to scale and shall be sufficiently clear, comprehensive, detailed, and legible so that a determination can be made for conformance with all of the applicable provisions of the currently adopted codes.
 - c. Mechanical Plans: Unit types and sizes, system layout, ventilation requirements and provisions, and control system diagram.
 - d. Electrical Plans: Riser diagram including provisions for grounding, panel board schedules, lighting plan(s) and circuiting, power plan(s) and circuiting, and special systems plans.
 - e. Energy calculations.
5. Provide a list of all subcontractors including their registration number(s). A subcontractor list shall be either included with the application, or must be submitted before the permit(s) can be issued. All contractors **MUST** be registered with the Building Department. Registration forms are available in our office or on-line at www.ci.lancaster.oh.us/dept/building.

Note: For a more detailed list of requirements, see “*Commercial Plan Review Checklist*” form also available in our office or on-line in the “**forms**” section of the web site.



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RESIDENTIAL ONLY

MINIMUM REQUIREMENTS FOR PLAN APPROVAL
RESIDENTIAL CODE OF OHIO (RCO) RESIDENTIAL CONSTRUCTION

(All applications **MUST** include the following five (5) items)

1. Complete the Permit Application with:
 - a. Type of permit requested.
 - b. Property information.
 - c. Owner information.
 - d. Estimated start/finish dates and value for each type of permit application.

2. Return the completed Permit Application to the Lancaster Building Department with a **\$150.00 non-refundable deposit for new homes or \$100.00 for room additions and other small construction projects as shown on the condensed fee schedule.** The deposit shall be applied toward the review and final permit fee.

3. Provide a **total of two (2) complete sets of drawings of the plans and specifications** for the building, and **three (3) sets of site drawings.** Failure to include the proper number of drawings will result in the entire application being returned unprocessed. One set of building drawings and one set of site drawings will be returned upon approval of the permit. These approved drawings, permit cards, and related correspondence shall be maintained at the project site.

4. **Minimum drawing requirements include, but are not limited to:**
 - a. Floor Plan(s) showing all rooms and their intended use including door and window sizes.
 - b. Foundation Plan (elevation view) showing the footer, foundation, floor framing, sidewall framing and roof framing.
 - c. Basement foundation plans shall include a plan view of beam locations, sizes and pier pad or support locations, footer dimensions and location of crawl space vents if any.
 - d. Provide a plan view showing all floor joists sizes, direction, spacing and spans.
 - e. Roof truss engineering drawings, sealed by a Professional Engineer, registered in the State of Ohio (current date with signature is required).
 - f. Site drawings indicating zoning compliance, grading conforming to the approved subdivision grading plan, sewer and water main locations.
 - g. On a separate copy of the floor plan, include a plumbing schematic showing all fixture locations, supply and waste drain lines, sizes and types. Show location of incoming water and waste lines.
 - h. On a separate copy of the floor plan, include an electrical drawing showing placement of all outlets, switches, light fixtures and a branch circuit schedule. Show compliance to the National Electrical Code.
 - i. On a separate copy of the floor plan, include locations of supply and return air vents. Indicate equipment sizes, efficiencies and system layout. Provide an energy audit for all new construction and room additions.

5. Provide a list of all subcontractors including their registration number(s). A subcontractor list shall be included with the application, or must be submitted before the permits can be issued. All contractors **MUST** be registered with the Building Department. Registration forms are available in our office or on-line at www.ci.lancaster.oh.us/dept/building

PERMIT NUMBER _____
 APPLICATION NUMBER _____
 DATE RECEIVED _____
 DATE ISSUED _____
 ZONING _____

CITY OF LANCASTER
BUILDING DEPARTMENT
 121 E. CHESTNUT STREET, STE 102
 LANCASTER, OHIO 43130-3825
 740.687.6649



Forms and permit information available on web site: www.ci.lancaster.oh.us/dept/building

OBC/RCO APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:	
LOT #:	SUBDIVISION / PARCEL #:
LOCATED BETWEEN	and
ZONING DISTRICT:	FLOOD PLAIN ZONE: <i>X if Not Applicable</i> MAP #: DEV. PERMIT #:
DESCRIPTION OF PROJECT AND/OR BUSINESS TYPE:	
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"/> BLANKET RESIDENTIAL <input type="checkbox"/> RESIDENTIAL ADDITION/ALTERATION/ACCESSORY STRUCTURE <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> SIGN <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> INDUSTRIALIZED-UNIT <input type="checkbox"/> OTHER _____
RESIDENTIAL:	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> FOUR OR MORE FAMILY <input type="checkbox"/> MOBILE HOME
COMMERCIAL:	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: (See note at page bottom)	REGISTRATION NO.
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	REGISTRATION No.:
ADDRESS:	
TELEPHONE:	FAX: MOBILE:
E-MAIL ADDRESS:	

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OBC/RCO BUILDING CONSTRUCTION AREA (List the square footage under the appropriate column)				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
GARAGE, SHED, DECK, ETC				
TOTAL AREA SQUARE FEET				
BUILDING PERMIT (Complete for structural construction)				
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER_____		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# OF ROOMS:		# OF BEDROOMS:		
# OF BUILDINGS:		# OF UNITS:		# OF FULL BATHS:
# OF STORIES		HEIGHT IN FEET:		ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPOSED ANCHORING OF SHEDS:				
ELECTRICAL PERMIT				
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION/ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> SIGN <input type="checkbox"/> OTHER				
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:	/ SET # OF SETS:	
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:		
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____		
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 <input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> OTHER_____				
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:

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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:		

PLUMBING PERMIT

NUMBER OF FIXTURES:		TYPE OF SYSTEM: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE	
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HVAC PERMIT

<i>Describe Heating System:</i> BRAND: _____ MODEL: _____	# OF UNITS: OUTPUT (BTU/HR): _____ TONS: _____ FUEL TYPE: _____ # OF OUTLETS: _____
<i>Describe Cooling System:</i> BRAND: _____ MODEL: _____	<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"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS

DEMOLITION PERMIT (Separate Form Required-DO NOT USE THIS FORM FOR DEMOLITION APPLICATIONS)

SIDEWALK PERMIT

TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DRIVEWAY WIDENING <input type="checkbox"/> APPROACH NEW <input type="checkbox"/> APPROACH REPLACEMENT	
<input type="checkbox"/> SIDEWALK PROGRAM: PHASE _____ <input type="checkbox"/> EXTERIOR SLAB	
<i>Two (2) inspections are required. Sidewalk and approach are to be replaced within 7 days of tear out. Call for final inspection when forms are removed and grade work is complete.</i>	

SIGN PERMIT – For construction/installation only- ZONING REQUIRES SEPARATE SIGN APPLICATION

SIGN HEIGHT:	FEET:	INCHES:	SIGN FACE AREA: _____HT X _____WD = _____SQ. FT.
IS THERE A COMPREHENSIVE SIGN PLAN FOR THIS SITE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
TYPE: <input type="checkbox"/> WALL <input type="checkbox"/> GROUND <input type="checkbox"/> PROJECTION <input type="checkbox"/> AWNING <input type="checkbox"/> CANOPY <input type="checkbox"/> SUBDIVISION		<input type="checkbox"/> FACE REPLACEMENT <input type="checkbox"/> OTHER _____	
CHARACTERISTICS: <input type="checkbox"/> DOUBLE FACED <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> OTHER _____ <input type="checkbox"/> ON-PREMISE <input type="checkbox"/> OFF-PREMISE	
<input type="checkbox"/> NON-ILLUMINATED		<input type="checkbox"/> ILLUMINATED (electrical permit is required)	

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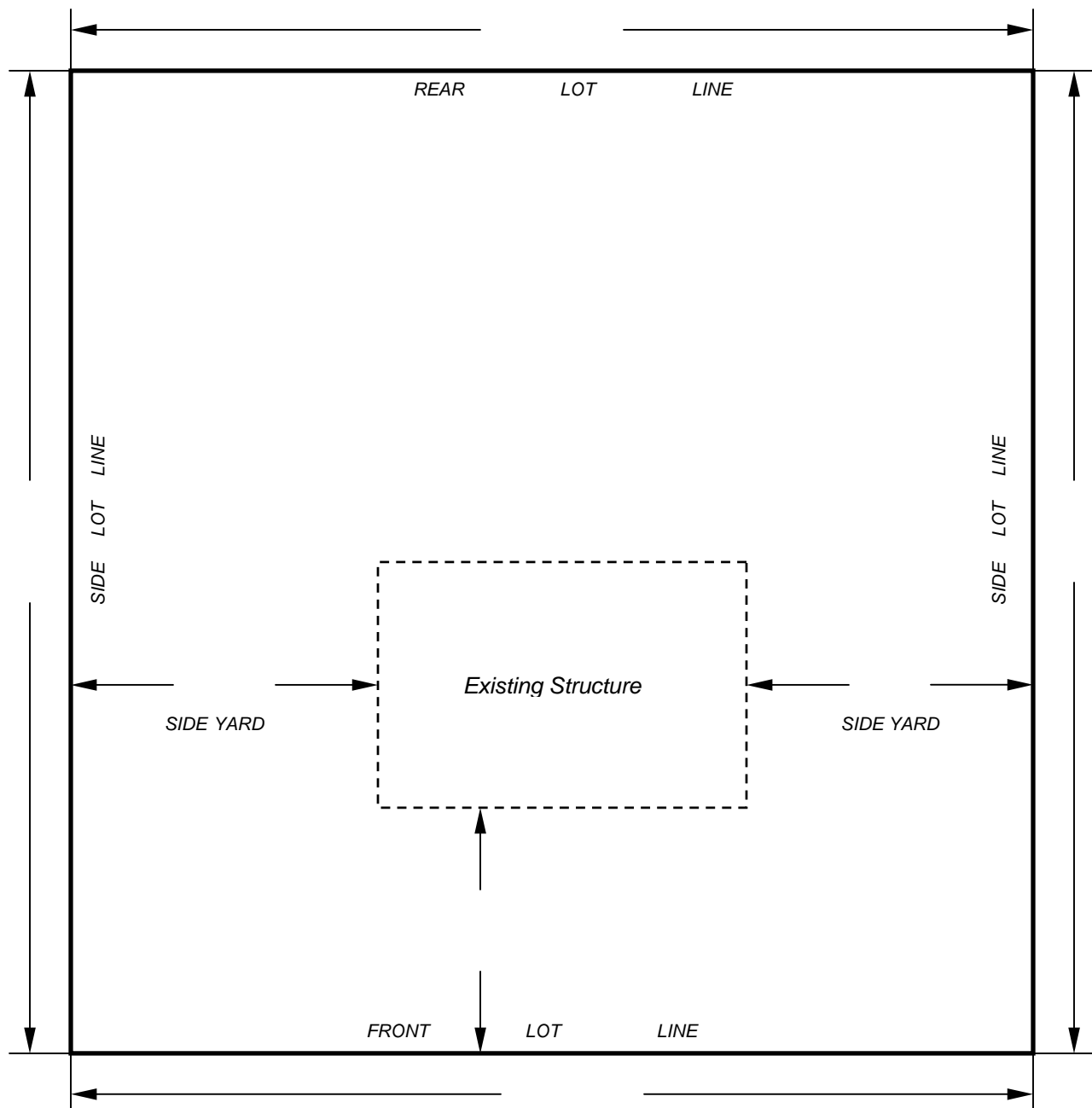
SWIMMING POOL PERMIT	
SWIMMING POOL TYPE: <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN-GROUND <input type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR	SIZE: _____ FEET X _____ FEET OR DIA.: _____ FEET TOTAL SQUARE FOOTAGE: _____
DOES POOL HAVE A DECK/ WALKWAY/ APRON AROUND IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW IS POOL PROTECTED? 48" <i>MINIMUM BARRIER REQUIRED.</i> <input type="checkbox"/> FENCED YARD <input type="checkbox"/> BUILT-IN GUARDRAIL
CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)	
<p><i>READ CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION:</i> CITY ORDINANCE 24-05 REQUIRES THE BUILDING DEPARTMENT TO COLLECT FIRE IMPACT FEES FOR ALL RESIDENTIAL & COMMERCIAL CONSTRUCTION. THE ORDINANCE PROVIDES FOR EXEMPTIONS AND CREDITS IF YOU QUALIFY. THE EXEMPTION OR CREDIT APPLICATION MUST BE INCLUDED WITH THIS PERMIT APPLICATION TO BE CONSIDERED. FAILURE TO INCLUDE THE EXEMPTION OR CREDIT FORM WHEN SIGNING BELOW CONSTITUTES YOUR ACCEPTANCE AND AGREEMENT TO PAY THE IMPACT FEES THAT WILL BE INCLUDED WITH THE TOTAL PERMIT FEES THAT YOU HAVE APPLIED FOR IN THIS APPLICATION.</p> <p><i>EXPIRATION:</i> THE APPROVAL OF PLANS OR DRAWINGS AND SPECIFICATIONS ARE INVALID IF CONSTRUCTION, ERECTION, ALTERATION OR OTHER WORK UPON THE BUILDING HAS NOT COMMENCED WITHIN 12 MONTHS OF THEIR APPROVAL. ONE EXTENSION SHALL BE GRANTED FOR AN ADDITIONAL 12-MONTH PERIOD IF REQUESTED BY THE OWNER AT LEAST 10 DAYS IN ADVANCE OF THE EXPIRATION OF THE APPROVAL AND UPON PAYMENT OF A \$75 FEE.</p> <p><i>EXTENSION:</i> IF IN THE COURSE OF CONSTRUCTION, WORK IS DELAYED OR SUSPENDED FOR MORE THAN SIX MONTHS, THE APPROVAL OF PLANS OR DRAWINGS AND SPECIFICATIONS OR DATA IS INVALID. UP TO TWO EXTENSIONS SHALL BE GRANTED FOR SIX MONTHS EACH IF REQUESTED BY THE OWNER AT LEAST 10 DAYS IN ADVANCE OF THE EXPIRATION OF THE APPROVAL AND UPON PAYMENT OF A \$75 FEE.</p> <p>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 CITY OF LANCASTER CERTIFIED BUILDING DEPARTMENT.</p> <p><i>I HERE BY 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></p> <p>I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.</p>	
SIGNATURE OF APPLICANT: _____	DATE: _____
	PRINT NAME: _____
<input type="checkbox"/> HOLD / DATE: _____ REASON: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIALLY APPROVED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	PLANS EXAMINER: _____ / _____ / _____
	BUILDING OFFICIAL: _____ / _____ / _____

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LANCASTER, OHIO 43130-3825
OFFICE (740) 687-6649 - FAX (740) 681-5030



New Construction - SITE PLAN AND/OR PLOT PLAN

This simple layout shows the location of the existing building, front setback, side yard setbacks and lot dimensions, and can be used for most simple residential & commercial projects such as sheds, detached garages, porches, decks, and some additions. The Plans Examiner may require a more detailed site plan. See the reverse side/next page for a more complete list of details that may be required for existing structures and single family lots. All new One, Two, and Three Family Dwellings will require a detailed site plan. You are required to submit three (3) copies in either situation.



PLOT AND GRADING PLAN MINIMUM REQUIREMENTS (Residential Checklist)

- Subdivision
- Lot Number for lot and surrounding lots
- Scale
- North Arrow
- Drawing of Lot & Improvements with Dimensions
 - a. House
 - b. Garage
 - c. Drive
 - d. Sidewalks
 - e. Any Other Detached Buildings
- Easements including dimensions
- Street Name(s)
- Street Right of Way Width
- Flood Zone Determination
- Building Setback Lines
- Sanitary Sewer location and appurtenances
- Sanitary Wye location and elevation of Wye
- Storm Sewer location and appurtenances
- Water Line location and appurtenances
- Proposed Ground Elevations
 - a. Property Corners
 - b. Building Corners
 - c. Curb Cut
 - d. Swales
- Storm water Routing Arrows
- House Number
- Intersecting Streets & Right-of-Way
- Floor Elevations
 - a. Finished Floor
 - b. Top of Block
 - c. Basement
- Certification (When Required)



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Fire Impact Fee Exemption Application

Must be submitted with plan review & permit application to be considered.

The Permanent City Ordinance number 24-05 requires a "Fire Impact Fee" be added to each building permit after July 1, 2005. Section 13 of the ordinance provides for "Exemptions from Payment of Impact Fees".

Statement of Applicant to be exempt from payment of Impact Fees:

I, _____ being the applicant shown on the attached Building Department "Application for Plan Review and Permit(s)" submitted to the Building Department on this date _____ do hereby apply for a building permit exempted from the payment of Fire Impact Fees for the listed project due to the following reason: (check appropriate box(s) below and include any supporting documentation.)

- Alterations or expansions of an existing building where no additional single-family or multi-family units are created and the proposed use has not been changed from the existing use, therefore no additional demand for fire/EMS will be produced over and above those produced by the existing use.
- Replacement of a destroyed or partially destroyed structure with a new building of the same size and use.
- An expansion of a single family dwelling unit.
- Expansion of a building or structure in which the use is other than single family use, and the area of the expansion is less than 1,500 square feet.
- A government facility or land use by a federal, county, municipality, public school district, or any other political subdivision as recognized by the Ohio Revised Code.
- Upon approval by the City, a feepayer may waiver his/her exemption rights and voluntarily make payment of the appropriate fee.
- Federal Housing Tax Credit application that was filed with the Ohio Housing Finance Agency prior to July 1, 2005.
- Commercial / Business Economic Development Credit (see page 2 of this form)

Applicant Signature: _____ Date: _____
Applicant Contact Phone Number _____ Cell _____

(Applicant- do not write below this line)

Building Department Official: _____ Date: _____

- Exemption Approved, no Impact Fees will be charged.
- Exemption referred to Economic Development / SSD for review
- Exemption Not Approved, Impact Fees will be added to total permit fees.

Commercial / Business Economic Development
Exemption Review Questionnaire

Provide the following information for project exemption review:

1. Type of business:
 - Office _____ sq ft
 - Retail _____ sq ft
 - Combined Office & Retail (check both above)
 - Service _____ sq ft

2. Number of jobs created:
 - 0-5
 - 6-15
 - 16-25
 - 26 or more

3. Expected construction project cost:
 - Up to \$50,000
 - \$50,001 to \$250,000
 - \$250,001 to \$500,000
 - \$500,001 or more

4. Building:
 - Owner Occupied
 - Speculative Investment Property
 - Pre-leased Investment Property
 - Combination Owner Occupied & Speculative Investment

5. Project Address: _____
6. Comments that would define why this project will benefit the community:

Return this completed form to:

R. Michael Pettit
Director of Economic Development
1424 Campground Road
Lancaster, Ohio 43130
(740) 687-6670 ext. 10
rmpettit@ci.lancaster.oh.us

(Applicant- do not write below this line)

Economic Development Director recommended exemption _____ %

EDD _____ Date _____

Service Safety Director approved exemption _____ %

SSD _____ Date _____

(Please return the original to the Building Department)