



CITY OF LANCASTER
BUILDING DEPARTMENT
 121 East Chestnut Street, Suite 102
 Lancaster, Ohio 43130-3825
 (740) 687-6649

FOR DEPARTMENT USE ONLY

Application No. _____
 Permit No. _____
 Date Received _____
 Date Issued: _____
Zoning Approved: _____

Forms & Permit information available on web site- www.ci.lancaster.oh.us/dept/building

OBC/RCO APPLICATION FOR MINOR BUILDING PERMIT

SITE ADDRESS:			
LOT #:		SUBDIVISION / PARCEL No.:	
LOCATED BETWEEN		and	
ZONING DISTRICT:	FLOOD PLAIN ZONE:	<i>X if Not Applicable</i> MAP #	DEV. PERMIT NO.:
DESCRIPTION OF PROJECT AND/OR BUSINESS TYPE:			
SQUARE FOOTAGE		PROJECT COST: \$	
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"/> OCCUPANCY COMPLIANCE	<input type="checkbox"/> REPAIR / REPLACEMENT
			<input type="checkbox"/> OTHER
APPLICATION FOR:	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL
			<input type="checkbox"/> RE-ROOFING
			<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:	<input type="checkbox"/>		
HOMEOWNER AFFADAVIT ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OWNERS NAME:			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
CONTRACTOR(S) NAME:			
CONTRACTOR(S) REGISTRATION No.			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
APPLICANT:			
ADDRESS:			
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS			
PLUMBING PERMIT			
NUMBER OF FIXTURES:		TYPE OF SYSTEM: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE	
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"/> UPGRADE <input type="checkbox"/> OUTDOOR SIGN <input type="checkbox"/> OTHER			
VOLTAGE:	PHASE:	AMPACITY OF SERVICE:	SERVICE CONDUCTORS:
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:	
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____	

HVAC PERMIT

Describe Heating System: BRAND: _____ MODEL: _____	# OF UNITS:
	OUTPUT (BTU/HR): _____ TONS: _____
Describe Cooling System: BRAND: _____ MODEL: _____	FUEL TYPE: _____ # OF OUTLETS: _____
	<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"/> MANUFACTURERED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)

IN ACCORDANCE WITH SECTION 105 OF THE OBC AND THE RCO, IF WORK HAS NOT BEGUN WITHIN 12 MONTHS, 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. 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. 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 FEE FOR EACH EXTENSION OF \$75.00.

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 BUILDING/ZONING 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: _____

ISSUED BY: _____ DATE: _____