

BUILDING APPLICATIONPUBLIC SERVICE & BUILDING DEPARTMENT

CITY OF WHITEHALL

360 S. Yearling Road Whitehall, Ohio 43213 614-237-8612 Building-Department@whitehall-oh.us www.whitehall-oh.us

PROVIDE A DIGITAL PLAN TO **BUILDING-DEPARTMENT@WHITEHALL-OH.US**.

□Residential □Commercial					
PROJECT ADDRESS:		CITY:	STATE:	ZIP:	
PARCEL #:	(BUSINESS) NAME:				
OWNER:	ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	E-MAIL:				
CONTRACTOR: □ N/A	ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	E-MAIL:				
DESIGN PROFESSIONAL: □ N/A	ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	E-MAIL:				
PLEASE INDICATE PROJECT TYPE:					
□Addition □Alteration □Cha	nge of Use □New Constructio	n □Repai	r		
□Garage □Deck □Accessory Structure (over 200sf) □Other: □					
COMMERCIAL BUILDING INFORMATION					
Current Use Group: OBC Ch.3 Proposed Use Group: OBC Ch.3					
□Separated □Non-separated □Separated □Non-separated					
Construction type: Building height: ft # of Stories: Occupant Load:					
Construction area size: sf If the building is sprinklered, describe:					
RESIDENTIAL BUILDING INFORMATION					
Construction area size: sf Are you changing a load-bearing wall? Yes No				⊐ No	

Describe project:	
Cost of project:	\$

CALL BEFORE YOU DIG, OHIO UTILITIES PROTECTION SERVICE AT 1-800-362-2764

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents) 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. I fully understand that no excavation, construction, 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 Whitehall 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 submit this application and attachments 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).

Applicant Signature:	Printed Name:	Date:
Phone:	E-mail:	

This application is subject to review, please expect up to 10 days for this process. You will be contacted once review is completed and fees have been calculated.

STOP – OFFICE USE ONLY					
Application #:	Date & Time:				
Permit Fee	\$				
1% (R) or 3% (C) of Above	e Fees \$				
Application Fee	\$				
Plan Delivery Fee	\$				
TOTAL FEES	\$				
(check, money order, exact cash, or debit/credit card)					
☐ APPROVED	■ DISAPPROVED	CONDITIONAL APPROVAL			
	(LETTER ATTACHED)	(LETTER ATTACHED)			
CHIEF BUILDING	OFFICIAL SIGNATURE	DATE			