



BUILDING DIVISION
COMMERCIAL BUILDING
APPLICATION FORM

64 E. Walnut St.
Westerville, OH 43081-2308
t. (614) 901-6650
f. (614) 901-6666

DATE _____ PARCEL # _____ PERMIT # _____
(Office use only)

PROJECT NAME _____ PROJECT ADDRESS _____
(Include Suite #)

CITY _____ STATE _____ ZIP _____

APPLICANT/PROJECT CONTACT

COMPANY NAME _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PROPERTY OWNER SAME AS APPLICANT

NAME _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

TENANT/OCCUPANT SAME AS APPLICANT

BUSINESS NAME _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

CONTRACTOR SAME AS APPLICANT

BUSINESS NAME _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____



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BUILDING INFORMATION

- NEW BUILDING
 BUILDING ADDITION
 TENANT FINISH/ALTERATIONS
 SOLAR PANELS
 OTHER

DESCRIPTION OF WORK

DESCRIPTION OF USE

COST OF CONSTRUCTION _____

GROSS SQUARE FOOTAGE OF CONSTRUCTION *(To include all floors)* _____

CONSTRUCTION TYPE **1** _____ **2** _____ **3** _____ **4** _____ **5** _____

USE GROUP CLASSIFICATION

- | | | | |
|--|-------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> ASSEMBLY A- _____ | Fire Alarm System | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> HIGH HAZARD H- _____ | Unlimited Area Building | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> STORAGE S- _____ | Fire Suppression System | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> BUSINESS _____ | Smoke Detection System | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> INSTITUTIONAL I- _____ | Sanitary Sewer Size | _____ | |
| <input type="checkbox"/> EDUCATIONAL _____ | Fireline Size | _____ | |
| <input type="checkbox"/> MERCANTILE _____ | Water Service Size | _____ | |
| <input type="checkbox"/> FACTORY/INDUSTRIAL F- _____ | | | |
| <input type="checkbox"/> RESIDENTIAL R- _____ | | | |
| <input type="checkbox"/> UTILITY _____ | | | |

In consideration of permission granted I/We agree to construct said work in all respects in conformity with all applicable codes and regulations of the City of Westerville. Please remember that the applicant is responsible for coordinating and scheduling the required inspections on this permit.

 SIGNATURE OF APPLICANT/PROJECT CONTACT
Also sign p. 3

 DATE

 PRINTED NAME

 PHONE NUMBER



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BUILDING DIVISION
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APPLICATION CHECKLIST

(OFFICE USE ONLY) PERMIT # _____

Please ensure that you have included the following listed items with your application.

(If *online submission*, follow the instructions & requirements in the *Submission Guide* and submit through the *Online Plan Submission Portal*, both of which are accessible from the [Forms & Applications](#) website).

- Completed application form.
- Building Plans:** plans with the correct address & suite # on the cover sheet and a design professional's seal on each sheet. If paper submission, five (5) sets properly bound required.
- Site Plan:** survey-based plot plans/site plans (may be included with the building plans) showing the location of the proposed work, existing structures and distances from property/lot lines. If paper submission, five (5) sets properly bound required.
- Lighting Plans:** plans showing site lighting including photometric calculations, lighting/conduit locations and fixture details (may be included with the building plans). If paper submission, five (5) sets properly bound required.

If applicable, please describe the information and items not included and the reason(s) why. Incomplete applications will not be accepted.

Note: Fees are not paid until approval but for a list of current fees, visit the [Commercial Permit Fees](#) page (accessible from the *Forms & Applications* website in the **Building Permit Applications** section).

By signing below I agree that I have presented all of the items requested in this checklist and that failure to do so may result in an incomplete application, which will be rejected.

SIGNATURE OF APPLICANT/PROJECT CONTACT

DATE