



Lawrence County Building Department

5459 State Route 217
Willow Wood, Ohio 45696
(740) 867-4737
Fax - (740) 867-5513

FOR DEPARTMENT USE ONLY

Permit App. No. _____
Date Received _____
Date Forwarded _____
Date Returned: _____
Date Issued: _____

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: / /		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"/> DEMOLITION <input type="checkbox"/> BUILDING (STRUCTURAL) <input type="checkbox"/> SIGN <input type="checkbox"/> FOUNDATION START <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> INDUSTRIALIZED-UNIT <input type="checkbox"/> OTHER _____			
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:			
CONTRACTOR 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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BUILDING AREA				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
TOTAL AREA SQUARE FEET				
BUILDING PERMIT				
<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 BUILDINGS: # OF UNITS:		# OF FULL BATHS: # OF 1/2 BATHS:		
# OF STORIES HEIGHT IN FEET:		A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
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 <input type="checkbox"/> HOT TUB <input type="checkbox"/> MOBILE HOME SERVICE <input type="checkbox"/> OTHER				
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 <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:
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"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR				



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SIGN PERMIT

SIGN HEIGHT: _____ FEET _____ INCHES: SIGN FACE AREA: _____ HT X _____ WD = _____ SQ. FT.

IS THERE A COMPREHENSIVE SIGN PLAN FOR THIS SITE? YES NO

TYPE: WALL GROUND PROJECTION AWNING CANOPY SUBDIVISION FACE REPLACEMENT
 OTHER _____

CHARACTERISTICS: DOUBLE FACED PERMANENT TEMPORARY ILLUMINATED NON-ILLUMINATED
 ON-PREMISE OFF-PREMISE OTHER _____

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 LAWRENCE COUNTY 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: _____

HOLD / DATE: _____
REASON: _____

INCOMPLETE COMPLETE APPROVED DISAPPROVED

PARTIAL APPROVAL

BUILDING OFFICIAL: _____

PLANS EXAMINER: _____

Calculate Fees Here

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

Initial	_____
Occupancy	_____
Footage	_____
Plan Review	_____
Processing Fee	_____
3% State Fee	_____
Other	_____
Total	_____

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	# _____