



LIBERTY TOWNSHIP APPLICATION FOR COMMERCIAL BUILDING PERMIT

Permit No. _____

Please type or print all applicable information.

Application No. _____

Project Name: _____

Project Address: _____

City / State / Zip: _____ Parcel Number: _____

Applicant: _____

Address: _____ E-Mail _____

City / State / Zip: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Owner: _____

Address: _____

City / State / Zip: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Tenant Name: _____

Address: _____

City / State / Zip: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Architect / Engineer: _____

Address: _____

City / State / Zip: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

General Contractor: (must be registered) _____

Address: _____

City / State / Zip: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Total Square Feet of Project: _____ **Cost of Construction: \$** _____ Addition Alteration Chg of Occ.

AREA	SQUARE FEET PER FLOOR	OCCUPANCY INFORMATION FOR ALL BUILDINGS			
		USE GROUP	FIRE RATING (HOURS)	OCCUPANCY LOAD (PERSONS)	FLOOR LIVE LOAD (PSF)
BASEMENT (FLOOR BELOW GRADE)					
FIRST FLOOR					
SECOND FLOOR					
THIRD FLOOR					
FOURTH FLOOR					
ACCESSORY BUILDING					
TOTAL SQUARE FOOTAGE OF BUILDING					

- PLEASE COMPLETE INFORMATION ON REVERSE SIDE -

CONSTRUCTION TYPE				OBC USE GROUP							
	A	B	C	A1	E	H4	R3				
I				A2	F1	I1	R4				
II				A3	F2	I2	R5				
III				A4	H1	M	S1				
IV				A5	H2	R1	S2				
V				B	H3	R2	U				

SUBMIT ONE APPLICATION FOR EACH BUILDING OR PROJECT.

SEPARATE PERMITS ARE REQUIRED FOR ELEVATORS, REFRIGERATION, SEWER, WATER, AND PRESSURE PIPING.

IF PROJECT IS A BUILDING ADDITION OR ALTERATION, PLEASE COMPLETE THE FOLLOWING FOR THE *EXISTING* BUILDING:

A. FLOOR AREA – SQ. FT.	
B. WALLS	<input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME/WOOD <input type="checkbox"/> METAL <input type="checkbox"/> OTHER _____
C. FLOORING	<input type="checkbox"/> WOOD ON WOOD JOISTS <input type="checkbox"/> CONCRETE ON STEEL JOISTS <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER _____
D. CEILINGS	EXPOSED JOISTS: <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTER ON LATH <input type="checkbox"/> FIRE RATED DRYWALL

Show any firewalls, their thickness and opening. Does the addition block exits from present building? If so, how? Is existing fire suppression system extended? Is existing signaling system extended? Comments and other explanations:

NOTICE: The approval of this application, drawings or any notations thereon shall not excuse the applicant from complying with all building ordinances, all statutes of the State, the rules of the State and this Department, all of which are implied to be included herein and made a part hereof, and all objections to same are hereby waived by the applicant whose signature is hereto attached. In consideration and permission given we do hereby covenant and agree to construct, erect, alter, or install as above described.

If you are not the owner, your signature below certifies that the proposed work is authorized by the owner of record and that you have been authorized to make this application as the Owner's Authorized Agent.

Applicant Signature: _____

Printed Name: _____

Date: _____

<p>The above application is hereby approved</p> <p>By: _____</p> <p>CHIEF BUILDING OFFICIAL</p>

OFFICE USE ONLY -----

Plan Review \$ _____

Structural \$ _____

HVAC \$ _____

Plumbing \$ _____

Fire Suppression \$ _____

Insulation \$ _____

Electric \$ _____

Miscellaneous \$ _____

Occupancy Permit \$ _____

State of Ohio – 3% \$ _____

Liberty Twsp Administrative Fee \$ _____

Liberty Twsp Fire Prevention Plan

Review Fee: \$ _____

Liberty Twsp Fire Department

Permit Fees \$ _____

Total Due:

Payable to Liberty Township \$ _____

Total Due:

Payable to the City of Powell \$ _____

For a complete copy of the fee schedule go to www.cityofpowell.us