



3800 Municipal Way, Hilliard, OH 43026
www.hilliardohio.gov
 614.334.2557

Application for Plan Review

Incomplete applications will not be processed.

It is the responsibility of the homeowner to obtain any required Homeowner's Association Approval.

Right hand side of this form is for office use only.

CERTIFIED ADDRESS INFORMATION:		
Street Address: _____		
Lot Number & Subdivision: _____		
APPLICANT INFORMATION: (individual)		
Name of Applicant: _____		
Applicant's e-mail: _____		
Applicant's Phone #: _____		
BUILDER/CONTRACTOR INFORMATION: (Company)		
Builder/Contractor Company Name: _____		
Hilliard Contractor Registration #: _____		
OTHER INFORMATION:		
Architect/Engineer Company Name: _____		
Owner/Tenant Information: _____		
PERMIT TYPE: (fyi- OBC changes to 2015 in November, 2017)		
<input type="checkbox"/> New Build <input type="checkbox"/> Demolition <input type="checkbox"/> Addition/Alteration/Tenant Finish <input type="checkbox"/> Revision/Response to Correction original permit #	<input type="checkbox"/> Residential (RCO 2013) <input type="checkbox"/> Multi-Family 2-3 (RCO 2013) <input type="checkbox"/> Multi-Family 4+ (OBC 2011) <input type="checkbox"/> Commercial (OBC 2011)	<input type="checkbox"/> NEW BUILD - New Taps <input type="checkbox"/> Existing WATER TAP <input type="checkbox"/> Existing SEWER TAP <input type="checkbox"/> Onsite WELL <input type="checkbox"/> Onsite SEPTIC
Description of work: _____		
SQUARE FOOTAGE estimated <div style="border: 1px dashed black; width: 80px; height: 20px; margin: 5px auto;"></div>	PROJECT COST estimated \$ <div style="border: 1px dashed black; width: 80px; height: 20px; margin: 5px auto;"></div>	
Separate permits are required for electric wiring, heating and ventilating, plumbing, moving, wrecking, shoring, and sewer systems are needed. Building permits shall not be issued until these permits have been obtained.		
The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the ordinances of this jurisdiction, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and to the best of my knowledge, the information and statements given on this application, drawings and specifications are to the best of their knowledge true and correct.		
To be signed by APPLICANT: _____		

Water Line Size: _____	<input type="checkbox"/> 2 CD/DVD Commercial
Fire Line Size: _____	
<input type="checkbox"/> Master Meter? # of Residential Units _____ # of 1st Sewer Taps _____ # of Other Sewer Taps _____	GROSS SQUARE FEET <input type="checkbox"/> A <input type="checkbox"/> B
FEE CALCULATION	
BASE FEE: FLAT FEE	
Plan Exam: (SFT COST)	
State Surcharge: 1% OR 3%	
Zoning Certificate: \$100/SGL FAM UNIT \$300 MF SHELL \$100/NRBUNIT	
OCCUPANCY CERTIFICATE: \$75 SGL FAM RES \$100/MF BLDG \$100/NRB	
STREET TREE: \$15EA. PUBLIC STREETS ONLY - NEW BUILD	
Water Tap: SEE CHART	
Water Capacity: SEE CHART	
Sewer Tap: SEE CHART	
Sewer Cap (CMH): SEE CHART	
Sewer Cap (HIL): SEE CHART	
Fire Line: SEE CHART	
IMPACT: PER RESIDENTIAL UNIT	
RTA/WTA: (if applicable)	
OTHER:	
Subtotal:	
Less Deposit Paid:	
COLLECT BALANCE DUE	

Permit #:	Description:	Route to:	Target Date:
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Permit number assigned:	
Inspection Line: 614-334-2466 <small>Call by 2pm for next business day inspection.</small>	

Becomes a Building Permit when signed below:	Issuing Authorities Approval & Date
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