



3800 Municipal Way, Hilliard, OH 43026  
[www.hilliardohio.gov](http://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.

<b>CERTIFIED ADDRESS INFORMATION:</b>		
Street Address: _____		
Lot Number & Subdivision: _____		
<b>APPLICANT INFORMATION:</b> (individual)		
Name of Applicant: _____		
Applicant's e-mail: _____		
Applicant's Phone #: _____		
<b>BUILDER/CONTRACTOR INFORMATION:</b> (Company)		
Builder/Contractor Company Name: _____		
Hilliard Contractor Registration #: _____		
<b>OTHER INFORMATION:</b>		
Architect/Engineer Company Name: _____		
Owner/Tenant Information: _____		
<b>PERMIT TYPE:</b> (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: _____		
<b>SQUARE FOOTAGE</b> estimated  _____	<b>PROJECT COST</b> estimated \$ _____	
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.		
<b>To be signed by APPLICANT:</b> _____		

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

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

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