



BUILDING DIVISION
 200 S. Hamilton Road
 Gahanna, Ohio 43230
 Phone: 614-342-4010
 Fax: 614-342-4100
 Building@Gahanna.gov
 www.gahanna.gov

INTERNAL
Permit No. _____
Master No. _____
Received _____

GAS PIPING PERMIT APPLICATION

TO REQUEST AN INSPECTION, CALL 614-342-4010 & PRESS 1, OR SCHEDULE ONLINE AT [HTTPS://OHGA.ONLAMA.COM/](https://OHGA.ONLAMA.COM/)

<input type="checkbox"/> COMMERCIAL/MULTI-FAMILY (4 or more units)		<input type="checkbox"/> RESIDENTIAL (1, 2, 3 FAMILY)	
JOB SITE ADDRESS:		PARCEL ID NO(S).	
Estimated Cost of Entire Project:		Square Footage for Project Scope of Work:	
Occupancy Description: (reference Use Group table)		Type of Construction: (reference Construction Type table)	
DESCRIPTION/SCOPE OF WORK:			
PROPERTY OWNER Name:			
Commercial Tenant Name (if applicable):		Commercial Tenant Phone No. (if applicable):	
Property Owner Address:			
Property Owner E-mail:		Property Owner Phone No.:	
CONTRACTOR Name:			
Contractor Address:		Gahanna Contractor Registration No.	
Contractor E-mail:		Contractor Phone No.:	
REGISTERED DESIGN PROFESSIONAL Name:		<input type="checkbox"/> architect <input type="checkbox"/> designer <input type="checkbox"/> engineer <input type="checkbox"/> other: _____	
Registered Design Professional Address:		State License No.	
Registered Design Professional E-mail:		Registered Design Professional Phone No.:	

CERTIFICATION

I certify that I am the property owner or the authorized agent representing the owner, and that the information on this application is complete and accurate to the best of my knowledge, and that the information contained on drawings and text are a true and accurate representation of the dimensions and facts applicable to this request, and that there are no deed restrictions that prohibit this work.

Name: _____ Title: _____

Signature: _____ Date: _____

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<input checked="" type="checkbox"/>	This application is NOT a permit. No work may begin until a permit is issued.
<input checked="" type="checkbox"/>	When each phase of work is complete, an inspection is required. To request an inspection, call 614-342-4010 & press 1, or schedule online at https://ohga.onlama.com/ .
<input checked="" type="checkbox"/>	3 sets of construction documents for commercial; 2 sets for residential to be submitted. <i>If submitted with Master Permit Application, do not resubmit with this application.</i>
<input checked="" type="checkbox"/>	1 PDF digital copy of construction documents to be submitted. <i>If submitted with Master Permit Application, do not resubmit with this application.</i>
<input type="checkbox"/>	Check box if project includes use of an industrialized unit.
<input type="checkbox"/>	Check box if project includes use of an assembly of individually listed or labeled products.

COMMERCIAL/MULTI-FAMILY (4 or more units)

\$200	<input type="checkbox"/> GAS PIPING PERMIT (includes 2 inspections)	
\$150	<input type="checkbox"/> ADDITIONAL INSPECTIONS: _____ no. of additional inspections purchased (only the specified included number of inspections are allotted with the permit; all additional inspections must be purchased prior to scheduling inspections.) NOTE: there will be no refunds for unused inspections.	
\$	TOTAL FEES - payment due at time permit is issued reference: Building & Zoning Fee Schedule	INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____
<input checked="" type="checkbox"/>	<i>If work is determined to be more extensive than represented on this application, additional fees may be required.</i>	

RESIDENTIAL (1, 2, 3 FAMILY)

\$100	<input type="checkbox"/> GAS PIPING PERMIT (includes 2 inspection)	
\$150	<input type="checkbox"/> ADDITIONAL INSPECTIONS: _____ no. of additional inspections purchased (only the specified included number of inspections are allotted with the permit; all additional inspections must be purchased prior to scheduling inspections.) NOTE: there will be no refunds for unused inspections.	
\$	TOTAL FEES - payment due at time permit is issued reference: Building & Zoning Fee Schedule	INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____
<input checked="" type="checkbox"/>	<i>If work is determined to be more extensive than represented on this application, additional fees may be required.</i>	

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