



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 _____

COMMERCIAL/MULTI-FAMILY BUILDING 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		<input type="checkbox"/> MULTI-FAMILY (4 or more units)	
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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COMMERCIAL/MULTI-FAMILY BUILDING PERMIT APPLICATION (CON'T)

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

<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 inspection, call 614-342-4010 & press 1, or schedule online at https://ohga.onlama.com/	
<input checked="" type="checkbox"/>	4 sets of construction documents to be submitted.	
<input checked="" type="checkbox"/>	1 PDF digital copy of construction documents to be submitted.	
<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.	
FEES	TYPE OF WORK (check all that apply)	
\$	<input type="checkbox"/> NEW CONSTRUCTION/ADDITION (based on sq. ft., see: Attachment A - Building & Zoning Fee Schedule)(includes 10 inspections, address and zoning cert. fees are additional. Park fees will apply to multi-family residential permits)	
\$1,200	<input type="checkbox"/> TENANT FINISH/ALTERATION (if cost of improvement is greater than \$5,000) (includes 2 inspections)	
\$200	<input type="checkbox"/> TENANT FINISH/ALTERATION - LIMITED SCOPE (if cost of improvement is less than or equal to \$5,000) (includes 1 inspection)	
\$100	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY (includes 1 inspection)	
\$200	<input type="checkbox"/> CHANGE OF USE Previous Use Group : _____ (includes 1 inspection)	
\$100	<input type="checkbox"/> DECK (includes 3 inspections)	
\$100	<input type="checkbox"/> DEMOLITION (includes 1 inspection)	
\$100	<input type="checkbox"/> FENCE (higher than 6' – requires proof of variance through the Zoning Division) (includes 2 inspections)	
\$	FIRE PROTECTION SYSTEM (includes 2 inspections) UNDERGROUND PIPING <input type="checkbox"/> \$300 FIRE ALARM(S): <input type="checkbox"/> 0-10 devices \$300 <input type="checkbox"/> 11-20 devices \$700 <input type="checkbox"/> 21+ devices \$1,100 PRINKLER SYSTEM(S): <input type="checkbox"/> 0-10 devices \$300 <input type="checkbox"/> 11-20 devices \$700 <input type="checkbox"/> 21+ devices \$1,500 KITCHEN HOOD & DUCT <input type="checkbox"/> \$200	
\$300	<input type="checkbox"/> GARAGE (detached: misc. structures, limited to 1 story and less than 1 200 S.F) (includes 5 inspections)	
\$50	<input type="checkbox"/> PERMIT REINSTATEMENT (includes no revision to construction documents)	
\$500	<input type="checkbox"/> PERSONAL WIRELESS SERVICE FACILITY (PWSF) (includes 3 inspections)	
\$250	<input type="checkbox"/> PERSONAL WIRELESS SERVICE FACILITY (PWSF) CO-LOCATION (includes 1 inspection)	
\$300	<input type="checkbox"/> PLAN REVISION (after plan approval)	
\$50	<input type="checkbox"/> REPLACEMENT BUILDING CARD	
\$150	<input type="checkbox"/> ROOFING (ice guard required) (includes 2 inspections) <i>select options below:</i> <input type="checkbox"/> tear off & re-roof <input type="checkbox"/> sheathing repair/replacement <input type="checkbox"/> roof over (allowed 1x per RCO)	
\$100	<input type="checkbox"/> SHED (less than or equal to 120 sq. ft., over 120 sq. ft., select Garage above) (includes 1 inspection)	
\$0	<input type="checkbox"/> SIGN (free-standing, marquees, awnings, canopies, wall, etc.) (See Zoning Fees)	
\$300	<input type="checkbox"/> SWIMMING POOL (electrical permit may be required) (includes 2 inspections) <i>select options below:</i> <input type="checkbox"/> in ground <input type="checkbox"/> above ground DRAINAGE TO: <input type="checkbox"/> storm sewer <input type="checkbox"/> sanitary sewer <input type="checkbox"/> open ditch	
\$300	<input type="checkbox"/> TEMPORARY STRUCTURE (includes 2 inspections)	
\$100	<input type="checkbox"/> TENTS (open sides totaling more than 700 sq. ft; closed sides totaling more than 400 sq. ft. can be one tent or multiple tents) (includes 1 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; includes BBS fees. reference: Building & Zoning Fee Schedule	INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____
<input checked="" type="checkbox"/>	If work is determined to be more extensive than represented on this application, additional fees may be required.	

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