



Randy Evans, Mayor
David Swackhammer, Director of Public Service/ Safety

145 Broadway St. Jackson, Ohio 45640
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Permit # _____

(To be assigned by the City of Jackson)

BUILDING PERMIT

Purpose for Permit _____

Property Owner _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Cell () _____ Email _____

Contractor Name _____ Registration # _____

Contractor Phone Number () _____ Total Cost of Construction _____

Select Building Type: Residential Single Family Residential 2 Family Units Residential Multi-Family
 Commercial or Industrial (First requires State of Ohio permit)

Square footage: 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____

Subdivision _____ Zoning _____ Lot # _____ Parcel Number _____

Requirements: (check the boxes)

- Permit Fee for Total Construction Cost
 - Cash Credit Check # _____

<u>Construction Cost</u>	<u>Permit Fee</u>
<input type="checkbox"/> Up to \$10,000	\$15.00
<input type="checkbox"/> \$50,000	\$75.00
<input type="checkbox"/> \$100,000	\$150.00
<input type="checkbox"/> \$250,000	\$300.00
<input type="checkbox"/> over \$250,000	\$500.00

- Site map with property lines and placement of the structure on the property, including setbacks.
- Drawings of structure with dimensions and specs.
- Approved site required for waste removal.
- Flood Plain Permit, *if the site is in a flood plain.*
- Notify OUPS (811) and the Mayor's Office 48 hours prior to beginning the project.
- Building shall comply with provisions for pedestrian protection, adjoining property protection, vacant lot conditions, water accumulation, and utility connections in accordance with Ohio building Code.
- Building shall comply with all Ohio and Federal EPA guidelines.
- Building shall comply with all City of Jackson Zoning Regulations and Ordinances.
- Permit expires 12 months after approval.

Print Applicant Name: _____ Title: _____ Phone: () _____

Applicant Signature: _____ Date: _____

Approved: _____ Rejected: _____

Signature of individual approving: _____ Date: _____