

Phone: 1.740.335.2212

Fayette County Building Department

121 E. East Street

Fax: 1.740.335.6644

Washington Court House. Ohio 43160

Office Hours 7:30-12:00 and 1:00-4:00

Monday thru Thursday

COMMERCIAL BUILDING PERMIT APPLICATION

(Please Print or Type)

Parcel# _____ Township _____ Permit# _____

1. PROJECT NAME _____

Project Address _____

City _____ State _____ Zip code _____

2. OWNER _____ Phone# _____ Fax# _____

Address _____

City _____ State _____ Zip code _____

Contractor List

Contractor	Contractor Name	Fayette County's Reg. #
3. General Contractor		
4. Electrical Contactor		
5. HVAC Contractor		
6. Plumbing Contractor		
7. Other Contractor		

8. Description of Work _____ 9. Estimate Value of Work \$ _____

As a duly authorized agent of the owner, I hereby certify that the information and statements given on this application and accompanying project information is, to the best of my knowledge, true and correct. Furthermore, I hereby certify the intent is to make all improvements in accordance with the applicable codes and regulations even if the requirements of said code and regulations are not indicated on the approved plans. By making this application, I agree to pay all review fees incurred to date if this application is subsequently withdrawn.

I, We, will NOT occupy or PERMIT any others to occupy the premises located above until all required inspections have been made and a Certificate of Occupancy has been issued.

Print Name _____ Title _____

Signature _____ Phone # _____ Fax# _____

Address _____ City _____ State _____ Zip code _____

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

I HAVE EXAMINED THE FOREGOING APPLICATION, PLANS AND SPECIFICATIONS AND WITH THE CORRECTIONS NOTED ON THE PLANS, APPROVE THEM FOR PERMIT.

Total Area _____ Habitable Area _____ Use Group _____ Construction Type _____

Chief Building Official (Print Name) _____ Signature _____