



City of New Philadelphia

150 E High Avenue
New Philadelphia, OH 44663

For Office Use Only

Permit No. _____
Date: _____
Fee: _____
ECOBA No: _____
Lot Coverage: _____
Setbacks Met: _____
BOA: _____

COMMERCIAL BUILDING PERMIT APPLICATION

All fees are nonrefundable per Ordinance 1309.04(a). Please make checks payable to the City of New Philadelphia. Projects must be completed within two years of the approval date of this application.

PROPERTY INFORMATION

Property Address: _____	Parcel No.: _____
Lot Number: _____	Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a flood study may be required.)
Zoning: <input type="checkbox"/> Residential R-1 <input type="checkbox"/> Residential R-2 <input type="checkbox"/> Residential R-3 <input type="checkbox"/> Mobile Home Park MHP <input type="checkbox"/> Office Transitional District OTD <input type="checkbox"/> Public Facilities PF <input type="checkbox"/> Central Business District CBD <input type="checkbox"/> Neighborhood Business District NBD <input type="checkbox"/> Regional Business District RBD <input type="checkbox"/> General Industrial GI	

ECOBA INFORMATION

All improvements to commercial properties are required to get approval from the East Central Ohio Building Authority prior to applying for a building permit within the City. ECOBA can be reached at 330-364-3164.	
ECOBA No: _____	I certify that I have spoken to ECOBA and have been informed that I do not need a permit at this time.
_____	Signature
_____	Date

OWNER INFORMATION

Owner's Name: _____	Phone No.: _____
Address: _____	
Email: _____	

LESSEE INFORMATION

Lessee's Name: _____	Phone No.: _____
Address: _____	
Email: _____	

ARCHITECT/ENGINEER INFORMATION

Name: _____	Phone No.: _____
Address: _____	

GENERAL CONTRACTOR INFORMATION

Name: _____	Phone No.: _____
Address: _____	

WATER/SEWER CONTRACTOR INFORMATION

Name: _____	Phone No.: _____
Address: _____	
City Plumbing License No. _____ (The contractor must be licensed within the city before performing work here per Ordinance 1313.01.)	
Approval Signature of NP Water Superintendent: _____	Date: _____
Approval Signature of NP Wastewater Superintendent: _____	Date: _____

NEW COMMERCIAL CONSTRUCTION - \$350.00 FEE; MULTI-FAMILY \$100.00 PER UNIT

	Project Cost	Size (square footage)	Height (linear feet)	Lot Coverage Checked?	Setbacks Met?
Hotel/Motel	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital/Medical Office	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Station	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage Building	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retail	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Garage	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multi-Family (4 Units & Above)	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	\$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Per Ordinance 907.03, building numbers shall be conspicuously displayed at the front of every house, residence, factory, workshop, or place of business, in numerals large enough to be easily distinguished from the thoroughfare in front of the premises.

COMMERCIAL UPGRADE INFORMATION - \$50.00 FEE

FENCING

	Project Cost	Length	Height
Wood	\$ _____	_____	_____
Vinyl	\$ _____	_____	_____
Chain Link	\$ _____	_____	_____
Aluminum	\$ _____	_____	_____
Siding	\$ _____	_____	_____

*The City does not mark property lines. You must contact a surveyor if you have any questions regarding your property line locations.

STRUCTURES – SEE FEE BELOW

	Project Cost	Size (square footage)	Height (linear feet)	Lot Coverage Checked?	Setbacks Met?
Addition to Main Structure - \$250.00	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage - \$50.00	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decking - \$50.00	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HARD SURFACE - \$50.00 FEE

	Project Cost	Size (square footage)	Length	Width
Parking Lot	\$			
Sidewalk	\$			
Driveway	\$			
Curb	\$			
Curb Cut	\$			
Other: _____	\$			

*Concrete counts as part of the lot coverage percentage. Please provide existing concrete measurements with this application.

ADDITIONAL INFORMATION

If there is any additional information you would like to explain about your project, please do so below:

APPLICANT CERTIFICATION STATEMENT

I hereby declare, under the penalties provided by the zoning ordinance for violations thereof, that the statements made relative to the above project(s) described in this application for a Building Permit are, to the best of my knowledge and belief, true and correct. I acknowledge that the project(s) described herein will be completed within two years of the approval date of this application, otherwise a new building permit be obtained. I understand if the lot coverage exceeds the maximum amount under the zoning classification or if setback requirements have not been met, my application will not be approved. I also understand that if my permit application is rejected by the Code Administrator, I have the right to appear before the Board of Zoning Appeals for a \$100.00 fee, but I must prove a hardship as to why I am asking the Board for a zoning variance request.

Print Name

Applicant's Signature

Date

REVIEW BY CODE ADMINISTRATOR

<p>Approved</p> <p>Your Building Permit has been approved. Work must be completed within two years of the date below or a new permit will be needed.</p>
<p>Signature of Code Administrator</p>
<p>Date</p>

<p>Rejected</p> <p>Your Building Permit has been rejected for the following reason:</p> <p> <input type="checkbox"/> Lot Coverage <input type="checkbox"/> Setbacks <input type="checkbox"/> Permitted Use </p> <p> <input type="checkbox"/> Other: _____ </p> <p>Ordinance: _____</p>
<p>Signature of Code Administrator</p>
<p>Date</p>

BOARD OF ZONING APPEALS - \$100.00 FEE

<p>Please state the reason you are requesting a variance: _____</p>	
<p>Signature of Applicant _____ Date _____</p>	
<p> <input type="checkbox"/> Fee Paid <input type="checkbox"/> Hardship Proven <input type="checkbox"/> Variance Granted <input type="checkbox"/> Variance Denied </p>	<p>Signature of BoA Chairman/Acting Chairman _____ Date _____</p>