

# TEMPORARY STRUCTURE PERMIT APPLICATION



## Property Information

Address \_\_\_\_\_ Lot \_\_\_\_\_  
 Parcel ID \_\_\_\_\_ Unit/Suite/Building \_\_\_\_\_ Zoning \_\_\_\_\_

## Owner Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

## Project Type

Tent  Freestanding Canopy  Other

## Project Information

Tenant/Project Name \_\_\_\_\_ Description \_\_\_\_\_  
 Number of Structures \_\_\_\_\_ Total Square Footage \_\_\_\_\_ Construction Cost \_\_\_\_\_

### Principal Frame Type

Masonry/Wall Bearing   
 Reinforced Concrete   
 Structural Steel   
 Wood Frame

Heating Fuel Gas  Electric  Other   
 Water Supply Private  Public   
 Water Contractor \_\_\_\_\_  
 Sewage Disposal Private  Public   
 Sewer Contractor \_\_\_\_\_

Electric Permit Required? Yes  No  Large Event Permit Required? Yes  No   
 Nonprofit? Yes  No  Will alcohol be served? Yes  A-2 Use Group No  A-3 Use Group

Structure will be in place \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

*Permit fee applies to each 30-day period or fraction thereof.*

## Zoning Overlays

HPA  CBD

## Fees

First Structure \_\_\_\_\_ \$50.00  
 Additional Structures \_\_\_\_\_  
 At \$25 each = \_\_\_\_\_  
 Subtotal \_\_\_\_\_  
 State Fee (3 percent) \_\_\_\_\_  
 Total Fees Due \_\_\_\_\_

## Office Use

Receipt/Trans. No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Date Entered \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
**APPROVALS**  
 Building \_\_\_\_\_  
 Date \_\_\_\_\_  
 Zoning \_\_\_\_\_  
 Date \_\_\_\_\_

## Code Requirements

### OHIO BASIC BUILDING CODE

Section 4101:2-1-11 TEMPORARY STRUCTURES  
 Section 4101:2-1-17 CONSTRUCTION DOCUMENTS,  
 WHEN REQUIRED  
 Section 4101:2-1-18 CONSTRUCTION DOCUMENTS,  
 WHEN AND WHERE TO FILE  
 Section 4101:2-1-19 CONSTRUCTION DOCUMENTS

### TO BE ADEQUATE

Section 3104.0 TEMPORARY STRUCTURES

### NATIONAL ELECTRIC CODE

Article 590 TEMPORARY INSTALLATIONS  
 Article 525 CARNIVAL, CIRCUS, FAIRS AND SIMILAR  
 EVENTS

## Contractor Information

Name \_\_\_\_\_ DBA \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Owner  Authorized Agent

*Site plan indicating placement of  
 structure required.  
 Separate permit from Jackson  
 Township Fire Department required.*

Expires December 31, 2015