

R CITY OF REYNOLDSBURG *Mayor Brad McCloud*

MISCELLANEOUS PERMIT

PLAN REVIEW # _____ PERMIT # _____ DATE ENTERED _____

DESCRIPTION OF WORK: _____

PROJECT ADDRESS: _____

Cost of Project: _____

TYPE OF WORK:	<input type="checkbox"/> ROOF	<input type="checkbox"/> NEW	<input type="checkbox"/> TEAR OFF	<input type="checkbox"/> OVERLAY
	<input type="checkbox"/> SIDING	<input type="checkbox"/> WINDOWS	<input type="checkbox"/> DOORS	
TYPE OF INSTALLATION:	<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> ADDITION
	<input type="checkbox"/> ALTERATION			
RESIDENTIAL:	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> TWO FAMILY	<input type="checkbox"/> THREE FAMILY	
COMMERCIAL:	<input type="checkbox"/> FOUR OR MORE FAMILY	<input type="checkbox"/> OTHER	_____	

CONTRACTOR NAME: _____	PHONE NO: _____
CONTRACTOR ADDRESS: _____	FAX NO: _____
CONTACT PERSON: _____	EMAIL: _____

PERSON PREPARING PLANS: _____	PHONE NO: _____
E-MAIL: _____	FAX NO: _____

OWNER / TENANT: _____	PHONE NO: _____
ADDRESS: _____	FAX NO: _____

ROOF: New or Repair	Commercial	\$ 75.00	_____
	Residential	\$ 35.00	_____
SIDING: New or Repair	Commercial	\$ 75.00	_____
	Residential	\$ 35.00	_____
WINDOW(S): New or replacement with no alterations to the structure	Commercial	\$ 75.00	_____
	Residential	\$ 35.00	_____
DOOR(S): New or replacement with no alterations to the structure	Commercial	\$ 75.00	_____
	Residential	\$ 35.00	_____

<p style="text-align: center;">WORK STARTED BEFORE ISSUANCE OF THIS PERMIT IS SUBJECT TO A DOUBLE FEE</p> <p style="font-size: small;">In consideration of permission granted, I/we agree to construct said work in all respects in conformity with the Laws of the State of Ohio, and all Ordinances of the City of Reynoldsburg relating thereto.</p>	<p style="text-align: right;">SUBTOTAL _____</p> <p>1% OBBS STATE FEE _____</p> <p>3% OBBS STATE FEE _____</p> <p>TOTAL AMOUNT: \$ _____</p>
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IF STRUCTURAL CHANGES DO EXIST, SUBMIT 2 (TWO) SETS OF PLANS WITH APPLICATION

Signature of Applicant _____ Date _____ Registration # _____