



CITY OF LANCASTER BUILDING DEPARTMENT

121 East Chestnut Street, Suite 102
Lancaster, Ohio 43130-3825
(740) 687-6649

Forms & Information web site: www.ci.lancaster.oh.us/dept/building

RESIDENTIAL ONLY

MINIMUM REQUIREMENTS FOR PLAN APPROVAL

RCO RESIDENTIAL CONSTRUCTION

(All applications **MUST** include the following five (5) items)

1. Complete the Permit Application with:
 - a. Type of permit requested.
 - b. Property information.
 - c. Owner information.
 - d. Estimated start/finish dates and value for each type of permit application.
2. Return the completed Permit Application to the Lancaster Building Department with a **\$150.00 non-refundable deposit for new homes or \$100.00 for room additions and other small construction projects as shown on the condensed fee schedule**. The deposit shall be applied toward the final review and permit fee. **The form associated with Fire Impact Fee Exemption, if applicable, must accompany the building permit application when submitted to the Building Department. This form is found at the end of this packet.**
3. Provide a **total of two (2) complete sets of drawings of the plans and specifications** for the building, and **three (3) sets of site drawings**. **Failure to include the proper number of drawings will result in the entire application being returned unprocessed.** One set of building drawings and one set of site drawings will be returned upon approval of the permit. The approved drawings, permit card and related correspondence shall be maintained at the project site.
4. **Minimum drawing requirements include, but are not limited to:**
 - a. Floor Plan(s) including an overhead view showing all rooms and their intended use including door and window sizes.
 - b. Foundation Plan (side elevation) showing the footer, foundation, floor framing, sidewall framing and roof framing.
 - c. Basement foundation plans shall include an overhead view of beam locations, size and pier pad or support locations, footer dimensions and location of crawl space vents if any.
 - d. Provide an overhead view showing all floor joists size, direction, spacing and spans.
 - e. Roof truss engineering drawings, sealed by Professional Engineer, registered in the State of Ohio.
 - f. Site drawings indicating zoning compliance, grading conforming to the approved subdivision grading plan, sewer and water main locations.
 - g. On a separate copy of the floor plan include a plumbing schematic showing all fixture locations, supply and waste drain lines, sizes and types. Show location of incoming water and waste lines.
 - h. On a separate copy of the floor plan include an electrical drawing showing placement of all outlets, switches, light fixtures and a branch circuit schedule. Show compliance to the National Electrical Code.
 - i. On a separate copy of the floor plan include locations of supply and return air vents. Indicate equipment sizes, efficiencies and system layout. Provide and attach an energy audit for all new construction and room additions.
5. Provide a list of all subcontractors including their **registration number(s)**. A subcontractor list shall be included with the application or shall be submitted before the permits can be issued. All contractors **MUST** be registered with the Building Department. Registration forms are available in our office or on-line at www.ci.lancaster.oh.us/dept/building

Revised 0418

4/6/2018



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BUILDING DEPARTMENT
 121 East Chestnut Street, Suite 102
 Lancaster, Ohio 43130-3825
 (740) 687-6649

FOR DEPARTMENT USE ONLY

Permit No.: _____
 Date Received: _____
 Date Issued: _____
 Zoning Approved by _____

Forms & Permit information available on web site- www.ci.lancaster.oh.us/dept/building

OBC/RCO APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

SITE ADDRESS:			
LOT #:	SUBDIVISION / PARCEL #:		
LOCATED BETWEEN		and	
ZONING DISTRICT:	FLOOD PLAIN ZONE:	<i>X if Not Applicable</i> MAP #:	DEV. PERMIT #:
DESCRIPTION OF PROJECT AND/OR BUSINESS TYPE:			
APPLICATION DATE: / / 20__		PROJECT COST: \$	
ESTIMATED STARTING DATE:		ESTIMATED FINISH DATE:	
TYPE OF IMPROVEMENT:	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
	<input type="checkbox"/> CHANGE OF USE	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPAIR / REPLACEMENT
APPLICATION FOR:	<input type="checkbox"/> BLANKET RESIDENTIAL <input type="checkbox"/> RESIDENTIAL ADDITION/ALTERATION/ACCESSORY STRUCTURE		
<input type="checkbox"/> BUILDING (STRUCTURAL)	<input type="checkbox"/> SIGN	<input type="checkbox"/> FOUNDATION START	<input type="checkbox"/> FIRE SUPPRESSION
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE ALARM
<input type="checkbox"/> OTHER	<input type="checkbox"/> INDUSTRIALIZED-UNIT	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENTIAL:	<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> THREE FAMILY <input type="checkbox"/> FOUR OR MORE FAMILY <input type="checkbox"/> MOBILE HOME		
COMMERCIAL:	OBC USE GROUP: _____	MIXED USE:	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES; SEPARATED</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
CONSTRUCTION TYPE:	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB		
OWNERS NAME:			
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
CONTRACTOR: (See note at page bottom)			REGISTRATION NO.
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS:			
APPLICANT:			
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS			
DESIGN PROFESSIONAL:			
<input type="checkbox"/> ARCHITECT / <input type="checkbox"/> ENGINEER	REGISTRATION No.:		
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	FAX:	MOBILE:	
E-MAIL ADDRESS			



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OBC/RCO BUILDING CONSTRUCTION AREA (List the square footage under the appropriate column)				
SQUARE FEET AREA	NEW & ADDITIONS	ALTERATIONS	CHANGE OF USE	OCCUPANCY LOADS
BASEMENT				
FIRST FLOOR				
2, 3, 4 FLOORS, ETC.				
GARAGE, SHED, DECK, ETC				
TOTAL AREA SQUARE FEET				
BUILDING PERMIT (Complete for structural construction)				
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER_____		BASEMENT: <input type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
# OF ROOMS:		# OF BEDROOMS:		
# OF BUILDINGS:		# OF UNITS:	# OF FULL BATHS:	# OF 1/2 BATHS:
# OF STORIES		HEIGHT IN FEET:	A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO	ELEVATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPOSED ANCHORING OF SHEDS:				
ELECTRICAL PERMIT				
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> ADDITION/ALTERATION <input type="checkbox"/> REPLACEMENT / REPAIR <input type="checkbox"/> HOT TUB <input type="checkbox"/> SIGN <input type="checkbox"/> OTHER				
VOLTAGE:	PHASE:	SERVICE CONDUCTORS:		/ SET # OF SETS:
NUMBER OF METERS:		NUMBER OF MAIN DISCONNECTS:		
NUMBER OF FIXTURES, SWITCHES, OUTLETS, ETC.: _____		NUMBER OF SUB PANELS, DISCONNECTS, ETC.: _____		
FIRE ALARM				
ALARM SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF DEVICES:		
TYPE: <input type="checkbox"/> LOCAL <input type="checkbox"/> CENTRAL STATION		<input type="checkbox"/> REMOTE STATION <input type="checkbox"/> PROPRIETARY <input type="checkbox"/>		
OTHER _____				
FIRE SUPPRESSION				
<input type="checkbox"/> SPRINKLERS	<input type="checkbox"/> HOOD SUPPRESSION		<input type="checkbox"/> LIMITED AREA	
TYPE OF SYSTEM: <input type="checkbox"/> WET	<input type="checkbox"/> DRY	<input type="checkbox"/> ANTI-FREEZE	<input type="checkbox"/> CHEMICAL <input type="checkbox"/>	
OTHER _____				
NO. OF HEADS:		NO. OF STANDPIPES:		NO. OF RISERS:



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CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)

READ CAREFULLY BEFORE SIGNING AND SUBMITTING THIS APPLICATION: CITY ORDINANCE 24-05 REQUIRES THE BUILDING DEPARTMENT TO COLLECT FIRE IMPACT FEES FOR ALL RESIDENTIAL & COMMERCIAL CONSTRUCTION. THE ORDINANCE PROVIDES FOR EXEMPTIONS AND CREDITS IF YOU QUALIFY. THE EXEMPTION OR CREDIT APPLICATION MUST BE INCLUDED WITH THIS PERMIT APPLICATION TO BE CONSIDERED. FAILURE TO INCLUDE THE EXEMPTION OR CREDIT FORM WHEN SIGNING BELOW CONSTITUTES YOUR ACCEPTANCE AND AGREEMENT TO PAY THE IMPACT FEES THAT WILL BE INCLUDED WITH THE TOTAL PERMIT FEES THAT YOU HAVE APPLIED FOR IN THIS APPLICATION.

LEAD-BASED PAINT: The EPA's 2008 Lead-Based Paint Renovation, Repair, and Painting (RRP) rule aims to protect the public from lead-based paint hazards associated with renovation, repair, and painting activities in built pre-1978. The rule requires contractors and their workers/employees to be certified and trained in the use of lead-safe work practices and requires RRP firms to be EPA certified. **OAC 3701-32-03(A)(10) states that no person shall knowingly authorize or employ any individual to perform lead abatement work unless the person holds a valid lead abatement license.**

Contractor validates that they have the appropriate lead abatement certificate/license necessary to work on a project where lead-based paint may be present.

Initial here: _____ Certificate no: _____ Expiration: _____

EXPIRATION: THE APPROVAL OF PLANS OR DRAWINGS AND SPECIFICATIONS ARE INVALID IF CONSTRUCTION, ERECTION, ALTERATION OR OTHER WORK UPON THE BUILDING HAS NOT COMMENCED WITHIN 12 MONTHS OF THEIR APPROVAL. ONE EXTENSION SHALL BE GRANTED FOR AN ADDITIONAL 12-MONTH PERIOD IF REQUESTED BY THE OWNER AT LEAST 10 DAYS IN ADVANCE OF THE EXPIRATION OF THE APPROVAL AND UPON PAYMENT OF A \$75 FEE.

EXTENSION: IF IN THE COURSE OF CONSTRUCTION, WORK IS DELAYED OR SUSPENDED FOR MORE THAN SIX MONTHS, THE APPROVAL OF PLANS OR DRAWINGS AND SPECIFICATIONS OR DATA IS INVALID. UP TO TWO EXTENSIONS SHALL BE GRANTED FOR SIX MONTHS EACH IF REQUESTED BY THE OWNER AT LEAST 10 DAYS IN ADVANCE OF THE EXPIRATION OF THE APPROVAL AND UPON PAYMENT OF A \$75 FEE.

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF LANCASTER CERTIFIED BUILDING DEPARTMENT.

I HEREBY CERTIFY THAT I AM THE OWNER OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____	DATE: _____
	PRINT NAME: _____
<input type="checkbox"/> HOLD / DATE: _____ REASON: _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIALLY APPROVED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
	/ /
	/ /



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Fire Impact Fee Exemption/Credit Application

Must be submitted with plan review & permit application to be considered.
The Permanent City Ordinance number 24-05 requires a "Fire Impact Fee" to be added to each building permit after July 1, 2005. Section 13 of the ordinance provides for "Exemptions/Credits from Payment of Impact Fees".

Statement of Applicant to be exempt from or receive a credit toward payment of Impact Fees:

I, _____ being the applicant shown on the attached Building Department "Application for Plan Review and Permit(s)" submitted to the Building Department on this date _____ do hereby apply for a building permit exempted from the payment of Fire Impact Fees for the listed project due to the following reason: (check appropriate box(s) below and include any supporting documentation.)

- Alterations or expansion of an existing building where no additional single-family or multi-family units are created, where the use is not changed, and where no additional demand for fire/EMS will be produced over and above those produced by the existing use.
- Replacement of a destroyed or partially destroyed structure with a new building of the same size and use.
- An expansion of a single-family dwelling unit.
- Expansion of a building or structure in which the use is other than single family use, and the area of the expansion is less than 1,500 square feet.
- A government facility or land use by a federal, county, municipality, public school district, or any other political subdivision as recognized by the Ohio Revised Code.
- Upon approval by the City, a feepayer may waiver his/her exemption rights and voluntarily make payment of the appropriate fee and in such an event the feepayer shall comply with all applicable provisions of this ordinance.
- Contracts or agreements to purchase a single residential unit by the owner and resident of the unit executed prior to the effective date of this ordinance are exempt.
- Federal Housing Tax Credit applications that are filed with the Ohio Housing Finance Agency prior to the effective date of the ordinance are exempt.

Commercial Applicants only:
Commercial / Business Economic Development Exemption Review Questionnaire

Provide the following information for project exemption review:

1. Type of business:
 - Office _____ sq ft
 - Retail _____ sq ft
 - Combined Office & Retail (check both above)
 - Service _____ sq ft

2. Number of jobs created:
 - 0-5
 - 6-15
 - 16-25
 - 26 or more

3. Expected construction project cost:

- Up to \$50,000
- \$50,001 to \$250,000
- \$250,001 to \$500,000
- \$500,001 or more

4. Building:

- Owner Occupied
- Speculative Investment Property
- Pre-leased Investment Property
- Combination Owner Occupied & Speculative Investment

5. Project Address: _____

6. Comments that would define why this project will benefit the community:

Applicant Signature: _____ Date: _____

Applicant Contact Phone Number: _____ Cell: _____

Return this completed form to:

City of Lancaster, SSD
104 E. Main Street
Lancaster, Ohio 43130
 (740) 687-6608
ssd@ci.lancaster.oh.us

*****Applicant- do not write below this line**

-
- Exemption Approved, no Impact Fees will be charged per Codified Ordinance: _____
 - Credit of _____% per Codified Ordinance 1345.14 _____
 - Exemption Not Approved, Impact Fees will be added to total permit fees.

Comments: _____

SSD _____ Date _____

(Please return the original to the Building Department)