



Joseph Kipp, Chief Building Official
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COMMERCIAL APPLICATION – PERMIT FORM

10.18.2023

ZONING PERMIT, HEALTH DISTRICT REVIEW/SANITARY SEWER AND SITE PLANS REQUIRED ON ALL NEW BUILDS

Parcel No: _____ Township: _____

Name of Business: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Project Description: _____

(Stamped Drawings Are Required)

Square Footage: _____ Proposed Use Code: _____ Construction Type: _____

Value of Work: \$ _____

Property Owner: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Please Indicate Scope of Work

BUILDING	ELECTRICAL	HVAC/GAS LINE	FIRE SUPPRESSION
<input type="radio"/> Footer/ Foundation	<input type="radio"/> Service Upgrade	<input type="radio"/> New HVAC System	<input type="radio"/> New System
<input type="radio"/> Building Shell Only	<input type="radio"/> New Wiring Alteration	<input type="radio"/> Duct Alteration	<input type="radio"/> Alteration
<input type="radio"/> New Building	<input type="radio"/> New Complete	<input type="radio"/> Exhaust (Hood)	<input type="radio"/> Hood Suppression
<input type="radio"/> Temp Structure	<input type="radio"/> Temporary Pole	<input type="radio"/> Building Service Piping	
<input type="radio"/> Alt/Renovation	<input type="radio"/> New Alarm System	<input type="radio"/> Unit Replacement	
<input type="radio"/> Addition	<input type="radio"/> Alarm Alteration	<input type="radio"/> New Gas Piping	
<input type="radio"/> Certificate of Occupancy		<input type="radio"/> Gas Piping Repair	
		<input type="radio"/> Gas Piping Extension	

Responsible Design Professional

Business: _____

Contact Person: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor Information

Business: _____

Contact Person: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

HVAC, Electrical, Mechanical, Gas Piping, Refrigeration, and Fire Protection **Contractors must be state licensed and registered with the Logan County Building Authority** in order to purchase Permits for the install of requested scope of work. This Department does not research for property deed restrictions and easements that may impact building approvals.

Note: I hereby certify 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 an authorized agent and that we agree to conform to all applicable laws of the County, City, Village, Township and State.

Applicant Signature: _____ Date: _____

Applicant Name: _____ Title: _____

Phone: _____