

EXT'G BLDGS

IF THE PROJECT IS AN ADDITION OR ALTERATION, COMPLETE THE FOLLOWING FOR THE EXISTING BUILDING

| | | | | | | |
|--|--|--|--|---|--|--|
| Floor Area (Sq. Ft.) of the existing Building | | Check Applicable Block For Building Construction Type | | | | |
| Basement | | Walls | <input type="checkbox"/> Masonry | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Metal | <input type="checkbox"/> Other (specify) |
| First Floor | | Roof | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> All Metal | <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Other (specify) |
| Other Floors | | Floors | <input type="checkbox"/> Wood on Wood Joist | <input type="checkbox"/> Concrete on Steel Joists | <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Other (specify) |
| Total Area | | Ceilings | <input type="checkbox"/> Exposed Joist Steel | <input type="checkbox"/> Exposed Joist Wood | <input type="checkbox"/> Plaster on Lath | <input type="checkbox"/> Other (specify) |

ZONING

| | |
|--|--|
| ZONING DISTRICT | MOST RECENT OCCUPANCY OR USE |
| PROPOSED OCCUPANCY OR USE | |
| FLOOD HAZARD AREA? <input type="checkbox"/> N/A <input type="checkbox"/> FLOODWAY <input type="checkbox"/> 100 YR. FLOOD FRINGE <input type="checkbox"/> 500 YR. FLOOD FRINGE | WATER SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE SEWER SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |

SIGN

AN APPLICATION FOR EACH SIGN PERMIT MUST INCLUDE PLANS FOR THE SIGN(S), AND INDICATE THE TYPE, SIZE, AND DESCRIPTION OF EACH SIGN. THE PLANS SHALL ALSO INCLUDE A SEPARATE SITE PLAN, WHICH INDICATES THE LOCATION OF EACH SIGN. USING THE BOXES BELOW, INSERT THE INFORMATION FOR THE SIGN, SELECT ALL APPLICABLE DETAILS, THEN LABEL THE SIGN LOCATION ON THE SITE PLAN WITH THE APPROPRIATE SIGN NUMBER FROM THE BOX. FOR ADDITIONAL SIGNS, USE THE SUPPLEMENTAL SHEET PROVIDED BY THIS OFFICE.

| | |
|--|---|
| SIGN 1: SIGN FACE AREA _____ SQUARE FEET | SIGN HEIGHT ABOVE GRADE _____ FEET |
| <input type="checkbox"/> FREESTANDING <input type="checkbox"/> MONUMENT <input type="checkbox"/> BUILDING <input type="checkbox"/> ON-PREMISES <input type="checkbox"/> OFF-PREMISES | <input type="checkbox"/> VARIABLE MESSAGE PROJECTION <input type="checkbox"/> VARIABLE MESSAGE MECHANICAL <input type="checkbox"/> VARIABLE MESSAGE LED |
| <input type="checkbox"/> ILLUMINATED <input type="checkbox"/> NON-ILLUMINATED <input type="checkbox"/> OTHER (USE DEF FROM SIGN ART.) _____ | |
| SIGN 2: SIGN FACE AREA _____ SQUARE FEET | SIGN HEIGHT ABOVE GRADE _____ FEET |
| <input type="checkbox"/> FREESTANDING <input type="checkbox"/> MONUMENT <input type="checkbox"/> BUILDING <input type="checkbox"/> ON-PREMISES <input type="checkbox"/> OFF-PREMISES | <input type="checkbox"/> VARIABLE MESSAGE PROJECTION <input type="checkbox"/> VARIABLE MESSAGE MECHANICAL <input type="checkbox"/> VARIABLE MESSAGE LED |
| <input type="checkbox"/> ILLUMINATED <input type="checkbox"/> NON-ILLUMINATED <input type="checkbox"/> OTHER (USE DEF FROM SIGN ART.) _____ | |

DEMO / ETC.

MOVING DEMOLITION Total Sq. Ft. of Building (Basement, 1st floor, 2nd floor, etc.) _____

MOST RECENT USE OF BUILDING: RESIDENTIAL - No. of Dwelling Units _____ NON-RESIDENTIAL

PROPOSED USE OF SITE FOLLOWING DEMOLITION/MOVING: _____

SIGNATURE

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 certificate applied for herein has been approved and issued by the Building Code Department.

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

Signature of Applicant _____ Date _____

OFFICE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

BCD Document Permit Application - Back.CDR Rev. 2/5/09

| | | |
|---|---|---|
| <input type="checkbox"/> Hold _____ Reason: _____ Date _____ | <input type="checkbox"/> Incomplete _____ Date _____ Plan Examiner _____ | <input type="checkbox"/> Notified _____ Date _____ Initials _____ |
| | <input type="checkbox"/> Disapproved _____ Date _____ Plan Examiner _____ | <input type="checkbox"/> Notified _____ Date _____ Initials _____ |
| | <input type="checkbox"/> Approved _____ Date _____ Plan Examiner _____ | <input type="checkbox"/> Notified _____ Date _____ Initials _____ |
| | Area Check _____ Fee _____ | Fee Check _____ |



SUPPLEMENTAL SIGN APPLICATION

For Zoning Certificate of Plan Approval

Newark/Licking County

Building Code Department

No. _____

740.670.7900 Fax - 740.670.7901

675 Price Road Newark, OH 43055

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SIGN 3: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

- FREESTANDING MONUMENT BUILDING ON-PREMISES OFF-PREMISES
- VARIABLE MESSAGE PROJECTION VARIABLE MESSAGE MECHANICAL VARIABLE MESSAGE LED
- ILLUMINATED NON-ILLUMINATED OTHER (USE DEF FROM SIGN ART.) _____

SIGN 4: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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SIGN 5: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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- VARIABLE MESSAGE PROJECTION VARIABLE MESSAGE MECHANICAL VARIABLE MESSAGE LED
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SIGN 6: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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SIGN 7: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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SIGN 8: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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SIGN 9: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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SIGN 10: SIGN FACE AREA _____ SQUARE FEET SIGN HEIGHT ABOVE GRADE _____ FEET

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- ILLUMINATED NON-ILLUMINATED OTHER (USE DEF FROM SIGN ART.) _____

SUPPLEMENTAL SIGN SHEET