FRANKLIN COUNTY BUILDING PERMIT APPLICATION

For accessory use/ addition/ pool/ miscellaneous

FOR OFFICE USE ONLY

Zone _____ Permit # _____ Fees _____ Flood Plain Y OR N

Fine $ _____ Date _____

OWNER INFORMATION

Name _____ Mailing Address _____

City _____ ST _____ Zip _____ Phone # _____

BUILDER INFORMATION

SAME AS OWNER or Builder _____

Address _____ City _____ ST _____

Zip _____ Phone # _____

DESCRIPTION OF PROPERTY

Township or Corporation _____ Section # _____ Township # _____

Range # _____ Acreage _____ Subdivision _____ Lot _____

State parcel # / parcel # 24-_____

Address _____

DESCRIPTION OF BUILDING

ACCESSORY USE SIZE _____ Will the building have electric? Yes or No Will there be a new meter? Yes or No

Wall height _____ Porch size _____ Will the building have plumbing? Yes or No

Estimated Construction Cost _____

PLANS REQUIRED - cross-section of footers, or post layout; header detail, truss design sheet UNLESS PREFAB BUILDING

GARAGE SIZE _____ Will the building have electric? Yes or No Will there be a new meter? Yes or No

Wall height _____ Porch size _____

Will the building have plumbing? Yes or No Estimated Construction Cost _____

PLANS REQUIRED - cross-section of footers, header detail, truss design sheet

POLE BARN SIZE _____ Estimated Construction Cost _____

Will the building have electric? Yes or No Will there be a new meter? Yes or No Wall height _____

Will the building have plumbing? Yes or No Porch size _____

PLANS REQUIRED- post layout, header detail, truss design sheet

DECK SIZE_____ Estimated Construction Cost _____	**PORCH SIZE**_____ Estimated Construction Cost _____

TYPE OF ADITION _____ SIZE _____

Basement / Crawl / Slab Bathrooms _____ Bedrooms _____ Estimated Construction Cost _____

Plans required - cross-section of footers, floor plan of house and addition; and smoke detection location.

POOL SIZE _____ Inground or Above Ground Estimated Construction Cost _____	**SIGN SIZE** _____ Height _____ Estimated Construction Cost _____

REMODELING SIZE _____

TYPE OF REMODELING _____

Plans required – floor plan and room labeled

NOTICE: ALL PERMITS ARE SUBJECT TO A FIVE (5) DAY WAITING PERIOD FOR REVIEW.

PLEASE READ: ALL APPLICABLE INFORMATION WILL NEED TO BE IN ORDER BEFORE A BUILDING PERMIT CAN BE ISSUED.

- **LETTER FROM HEALTH DEPARTMENT** if adding bedrooms, stating the septic is adequate for this addition.
- **PLOT PLAN** – Requirements attached
- **APPROVAL IN WRITING FROM ANY INCORPORATED TOWN**
- **APPROVAL IN WRITING FROM ANY PROPERTY OWNERS ASSOCIATION** (ex. Lakeshore Resort or New Fairfield), or any campground (ex: Hickory Woods, Twin Forks)
- **SECTION 80.34 ACCESSORY USE, (A) INTEND, (5), (d);** At no time shall an accessory use be used living, sleeping, or housekeeping purposes.
- **NOTICE OF AGRICULTURE ACTIVITY** – must be signed by the property owner and notarized.

_____

Signature of Owner/ Contractor

PLOT PLAN REQUIREMENTS

a. Owner, address and parcel number.
b. Location (distance from the front, side, and back property lines) and size of new structures, and septic location.
c. Location of county road or state highway.

ALL ITEM LISTED ABOVE MUST BE ON PLOT PLAN

Parcel # _____

Owner _____

Address _____