



CITY OF GALION

Building and Zoning Enforcement

115 Harding Way East • Galion OH 44833-2087

Voice (419) 468-2642 • Fax (419) 468-7620

ericbaldinger@galion.city

www.galion.city

BUILDING PERMIT APPLICATION

Street Address \_\_\_\_\_ In/Out Lot No. \_\_\_\_\_

Zoning District \_\_\_\_\_ Side of Street \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Builder \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Describe the work to be done under this permit \_\_\_\_\_

New Constr. \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Change in Occupancy/Use \_\_\_\_\_

Lot Size \_\_\_\_\_ Feet x \_\_\_\_\_ Feet = \_\_\_\_\_ Sq.Ft.

Proposed Structure Size \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Ht of Blding(s) \_\_\_\_\_ 1<sup>st</sup> Floor Elev. \_\_\_\_\_

ESTIMATED CONSTRUCTION COSTS \$ \_\_\_\_\_

Attach construction plans and/or drawings drawn to approximate scale, showing cross-section foundation to roof plans, engineered truss drawings, electrical plans, etc. for construction of the proposed buildings or alterations to be built or installed.

Application Signed by \_\_\_\_\_ Date \_\_\_\_\_
(Please print name below)

Owner's Signature (if different) \_\_\_\_\_ Date \_\_\_\_\_

Zoning Permit Fee \_\_\_\_\_
Building Permit Fee \_\_\_\_\_
Ohio Assessment Fee \_\_\_\_\_
Total Fee \$ \_\_\_\_\_

Code Inspector Signature \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_