



Randy Evans, Mayor
David Swackhammer, Director of Public Service/ Safety

145 Broadway St. Jackson, Ohio 45640

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Permit # _____

(To be assigned by the City of Jackson)
Rev. 01/01/2024

BUILDING PERMIT

Purpose for Permit _____

Property Owner _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Cell () _____ Email _____

Contractor Name _____ Registration # _____

Contractor Phone Number () _____ Total Cost of Construction _____

Select Building Type: ☐ Residential Single Family ☐ Residential 2 Family Units ☐ Residential Multi-Family
☐ Commercial or Industrial (First requires State of Ohio permit)

Square footage: 1st Floor _____ 2nd Floor _____ Basement _____ Garage _____

Subdivision _____ Zoning _____ Lot # _____ Parcel Number _____

Requirements: (check the boxes)

- ☐ Permit Fee for Total Construction Cost
☐ Cash ☐ Credit ☐ Check # _____

Construction Cost	Permit Fee
☐ Up to \$10,000	\$20.00
☐ Up to \$25,000.00	\$50.00
☐ Up to \$50,000.00	\$100.00
☐ Up to \$100,000.00	\$200.00
☐ Up to \$150,000.00	\$250.00
☐ Up to \$250,000.00	\$300.00
☐ Over \$250,000.00	\$500.00

- ☐ Site map with property lines and placement of the structure on the property, including setbacks.
☐ Drawings of structure with dimensions and specs.
☐ Approved site required for waste removal.
☐ Flood Plain Permit, *if the site is in a flood plain*.
☐ Notify OUPS (811) and the Mayor's Office 48 hours prior to beginning the project.
☐ Building shall comply with provisions for pedestrian protection, adjoining property protection, vacant lot conditions, water accumulation, and utility connections in accordance with Ohio building Code.
☐ Building shall comply with all Ohio and Federal EPA guidelines.
☐ Building shall comply with all City of Jackson Zoning Regulations and Ordinances.
☐ Permit expires 12 months after approval.

Print Applicant Name: _____ Title: _____ Phone: () _____

Applicant Signature: _____ Date: _____

Approved: _____ Rejected: _____

Signature of individual approving: _____ Date: _____