



City of Groveport
 Building & Zoning Department
 655 Blacklick St
 Groveport, OH 43125
 614-830-2045

Date: _____

Application # _____

Permit # _____

Address of Project _____

Parcel # _____

Property Owner: _____ Phone: _____

Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

COST of Construction \$ _____

TYPE OF WORK: Roofing Siding Windows Doors (FILL IN DETAIL BELOW)

ROOFING

Tear off Over lay

Existing Layers: _____

Existing Type: _____

New Type: Build up Asphalt Slate

Tile Metal Wood Shake
 Roll Roofing Thermal Plastic

Replacing: Flashing Underlayment

Sheathing Ice Protection

Fastener Type: _____

Slope / Pitch: _____

Existing Roof Ventilation:

Ridge _____ of linear feet.

Soffit # _____

Hat # _____

Replacing Vents yes no

New Roof Ventilation:

Ridge _____ of linear feet.

Soffit # _____

Hat # _____

SIDING

Tear off Over lay

Existing Type: _____

New Type: Vinyl Wood Stucco

Stone / Brick Hard Board Aluminum

Wood Shakes / Shingles

Fastener Type: _____

Fastener Spacing: _____

Type of Flashing: _____

Flashing Location: _____

Continued on Back

WINDOW OPENINGS

being replaced _____

Basement 1st Floor 2nd Floor

Are any bedroom windows? _____

Are any bathroom windows? _____

Are any openings sizes changing? _____

If yes, submit drawings - show size & header.
(A separate building permit is required for structure changes).

Style: Double hung Awning Slider

Single hung Jalousie

Glass Type: Single pane Double pane

Safety glazing

Flashing: Field Installed Self Flashing

Existing Size

New Size

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If additional space is needed, use a separate sheet of paper.

DOOR OPENINGS

being replaced _____

Basement 1st Floor 2nd Floor

Are openings sizes changing? _____

If yes, submit drawings - show size & header.

Type: Side Hinge Sliding

Front door Back door Basement

Garage overhead door Garage Service door

Existing Size

New Size

_____	_____
_____	_____
_____	_____
_____	_____

FEE:

\$25.00

1% State Fee (residential) .25

OR

3% State Fee (commercial) .75

TOTAL FEE \$ _____

Applicant's Signature

Date

Applicant's Printed Name

Contact Phone Number