



## DECK PERMIT APPLICATION CHAPTER #1127

Application Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEES:**

\$50.00 (Residential)

\$100.00 (Commercial)

Total Amount: \$ \_\_\_\_\_ Paid: Check #: \_\_\_\_\_ Cash: \$ \_\_\_\_\_

(PLEASE PRINT)

1. Applicant: \_\_\_\_\_
2. Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Property Address: \_\_\_\_\_ Johnstown, Ohio
4. Contractor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
5. Deck Size: Width: \_\_\_\_ft\_ Length: \_\_\_\_ft\_ Square Feet: \_\_\_\_\_
6. Deck is Attached: \_\_\_\_\_ or Un-Attached: \_\_\_\_\_ Height From Ground: \_\_\_\_\_

The Johnstown Zoning Inspector can inspect unattached decks less than 200 square feet. Licking County Building Codes must inspect all other decks that are either attached and or greater than 200 square feet. A Johnstown approved Deck permit is required prior to receiving a Licking County Building codes permit. Phone number for LCBC: (740) 349-6671. Ask for Heidi.

*The undersigned applies for a deck permit for the following use: said permit to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and agrees to follow all applicable laws.*

Applicant's Signature: \_\_\_\_\_

- Please provide one (1) scaled plan showing the lot, house, and proposed deck location. Attach any requested, supplemental or necessary documentation.

**Contact OUPS Before Digging At # 811**

Unattached Deck Post Hole and Final Inspections are required. Please give 24-Hour Notice for Post Hole and Final Inspections are required. Phone (740) 967-3177 x5 for Johnstown Inspections on Monday – Wednesday between 9:00 A.M. – 4:00 P.M. only.

**Office Use Only:**

Post Hole Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved or Fail

Final Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved or Fail

Zoning Inspector Signature:   x  \_\_\_\_\_

Additional Comments: \_\_\_\_\_