



CITY OF PATASKALA PLANNING & ZONING DEPARTMENT
 621 West Broad Street, Suite 2A
 Pataskala, Ohio 43062

NEW COMMERCIAL CONSTRUCTION APPLICATION

(Pataskala Codified Ordinances Section 1209)

| Property Information | | |
|--|---|----------------------------------|
| Address: | | |
| Parcel Number: | | |
| Development Name: | | |
| Lot/Building Number: | Zoning: | Acres: |
| Water Supply: | | |
| <input type="checkbox"/> City of Pataskala | <input type="checkbox"/> South West Licking | <input type="checkbox"/> On Site |
| Wastewater Treatment: | | |
| <input type="checkbox"/> City of Pataskala | <input type="checkbox"/> South West Licking | <input type="checkbox"/> On Site |

| Staff Use |
|---|
| Application Number: |
| Fee: |
| Filing Date: |
| Receipt Number: |
| <input type="checkbox"/> Auditor Notified |

| Applicant Information | | |
|-----------------------|--------|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

| Documents |
|--|
| <input type="checkbox"/> Application |
| <input type="checkbox"/> Fee |
| <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> Elevations |
| <input type="checkbox"/> Erosion & Sediment Control Plan |
| <input type="checkbox"/> Certificate of Compliance Application |
| <input type="checkbox"/> Board of Health Approval |
| <input type="checkbox"/> Impact Fee |

| Owner Information | | |
|-------------------|--------|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

| Documents to Submit |
|---|
| New Commercial Construction Application: Submit one (1) copy of the New Commercial Construction application. |
| Fee: Application fee of \$1,050.00 |
| Site Plan: Submit one (1) copy of a site plan that includes all required information. |
| Elevations: Submit one (1) copy of building elevations that includes all required information. |

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| Erosion and Sediment Control Plan: Submit one (1) copy of Erosion & Sediment Control plan that includes all required information. |
| Certificate of Compliance Application: Submit one (1) copy of the Commercial Compliance application. |
| Board of Health Approval: Approval from the Licking County Board of Health indicating that the property is suitable for a well and septic system if the property will not be served by central water and sewer. |
| Impact Fee (If Applicable): Submit one (1) copy of the Impact Fee Calculation Sheet. Pursuant to Chapter 1294 (Ordinance 2021-4396) the City must now collect Impact Fees for any New Construction or Additions to existing structures. |

| Important Information | |
|---|--|
| Applicability: A New Commercial Construction Application is required for all new commercial, industrial and institutional construction. | |
| Building Permit: | |
| <ul style="list-style-type: none"> All new commercial construction will require a building permit from the Licking County Building Department. Please call the Licking County Building Department at 740-349-6671 for additional information. | |
| Inspections: | |
| <ul style="list-style-type: none"> The Pataskala Planning and Zoning Department will inspect the property after construction has been completed. To schedule an inspection please call the Zoning Inspector at 740-927-3885. | |

| Site Superintendent | |
|----------------------------|--------|
| Name: | Title: |
| Phone: | Email: |

| Signatures | |
|---|-------|
| I certify the facts, statements and information provided on and attached to this application are true and correct to the best of my knowledge and understand the requirements for new commercial construction. Also, I authorize City of Pataskala staff to inspect the property as necessary as it pertains to this application. | |
| Applicant: | Date: |
| Owner: | Date: |

| Zoning Inspector | | | |
|-----------------------------------|--------------------------------------|--|------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Floodplain: Yes <input type="checkbox"/> No <input type="checkbox"/> | PZC/BZA: |
| Zoning Inspector: | | Approval Date: | Expiration Date: |
| Conditions: | | | |