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

Date: _____

Permit # _____

Submit **3 complete sets** of Sealed Construction Plans, Specifications, Energy Calculations, and Site Plans, etc. Fees are due at time of submittal.

Revised: 08-01-26

☐ City of Groveport ☐ Madison Township

APPLICATION FOR CERTIFICATE OF COMMERCIAL BUILDING PLAN APPROVAL

1. _____ _____
Address of Project & Tenant Name **Parcel #**

_____
Property Owners Name Phone #

_____
Address City State Zip

2. _____
Contractor Phone #

_____
Address City State Zip

3. **COST of work** covered by this application: **$**_____

4. Plans Prepared By:
   A. Ohio Registered Architect
   B. Ohio Professional Engineer
   C. Ohio Sprinkler System Designer
   D. Other _____

Ohio Registration Number

5. A. **Description Of Work:** _____

   B. ☐ Change of Occupancy ☐ New Building ☐ Alteration ☐ Addition ☐ Tent / Membrane Structure
   ☐ Awning / Canopy ☐ Sign ☐ Fence **over 7'**

   C. # of Stories _____ D. # of Units in **each** Building _____ E. # of rooms in **each** building _____

6. **A.** Type of Construction
   ☐IA ☐IB
   ☐IIA ☐IIB
   ☐IIIA ☐IIIB
   ☐IV
   ☐VA ☐VB

   B. Option for Compliance of the OEBC:
   ☐ Prescriptive
   ☐ Work Area
   ☐ Performance

   Occupancy Load:_____

   C. Current OBC Use Group: _____

   D. Proposed OBC Use Group:
   ☐ A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5 ☐ B ☐ E
   ☐ F1 ☐ F2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5
   ☐ I1 ☐ I2 ☐ I3 ☐ M ☐ R1 ☐ R2 ☐ R3
   ☐ R4 ☐ S1 ☐ S2 ☐ U

   E. If building is Use Group R1, R2, or R3, specify the number of apartments or units: _____

   F. Is this site in a flood zone? _____ if yes, then circle one A, AE Map Panel # _____

_____ _____
Applicant's Signature **Date**

_____ _____
Applicant's Printed Name **Contact Phone Number**

To Calculate Floor Area: (For additions / alterations give floor area for portions of building affected by this application)

A Measure to outside walls for dimensions.
B. Include supported canopies as measured from the centerlines of the furthest columns or support.
C. Do not include roofs or canopies which cantilever from building.

Check Appropriate Floor(s)	Total sq. ft. per floor
A. Basement	_____
B. First floor	_____
C. Mezzanine(s)	_____
D. Additional Floors	_____
E. Total sq. ft. = A+B+C+D	_____
F. Other (i.e. linear footage)	_____

FEES TO BE PAID:

BUILDING PERMIT FEES:

A. $345.00 processing fee PLUS $5.75 per each 100 sq. ft. or fraction thereof _____

OR

B. $345.00 Multi-family for FIRST UNIT PLUS $230.00 FOR EACH ADDITIONAL UNIT PER BUILDING
(# of units after first unit_____ x $230.00) $_____ + $345.00 = _____

OR

C. Warehouse Racking / Demising walls (with approval by the Building Official)
$172.50 PLUS (.60) per linear foot of wall or racking – two rows back to back counts as one row _____

OR

D. Signs
Wall or Projection Signs $50.00 ea. / Pole or Ground Signs $100.00 ea. _____

OR

E. Tent / Membrane / Awning / Canopy
$57.50 PLUS $15.00 per structure _____

PLANS EXAMINATION FEES:

A. $250.00 per structure PLUS $6.00 per each 100 sq. ft. or fraction thereof ** _____

OR

B. Warehouse Racking / Demising walls (with approval by the Building Official)
$185.00 PLUS (.65) per linear foot –two rows back to back counts as one row** _____

OR

C. Signs $165.00 per sign _____

OR

D. Tent / Membrane / Awning / Canopy
$185.00 PLUS $86.25 per hour review time (exceeding 2 hours) _____

(Includes original submittal and one re-submittal. Additional submittals are $110 plus 3%)

****($3,000.00 Maximum Plan Examination Fee)****

OCCUPANCY FEES:

A. $230.00 per unit or per final inspection (# of units_____) _____

B. Multi Family 4 or more. $172.50 PLUS $57.50 for each additional unit (# of units _____) _____

SUBTOTAL _____

3% STATE FEE: (3% of the subtotal) _____

DEVELOPMENT FEES: - Within corporation limits of Groveport.

A. Commercial / Industrial: $230.00 per acre or fraction thereof (# of acres_____) _____

B. $0.03 per sq. ft. of building (_____) _____

C. $25.00 per driveway / approach x (_____) _____

ZONING COMPLIANCE: - Within corporation limits of Groveport.
(Fill out separate Zoning Compliance Application)

WATER TAP & FIRE LINE FEES : - Within corporation limits of Groveport.
(Fill out separate Water Tap Application)

SEWER TAP FEES: -Within corporation limits of Groveport.
(Fill out separate Sewer Tap Application)

Separate applications are required for Electric, HVAC, Plumbing, Fire Alarm, Fire Suppression.

TOTAL $ _____

CITY OF
GROVEPORT

655 Blacklick St.
Groveport, Oh. 43125
614-836-5301
jcarr@groveport.org
www.groveport.org

GROVEPORT MUNICIPAL INCOME TAX CONTRACTOR WITHHOLDING REQUIREMENTS

The City of Groveport levies a 2% income tax which is administered by the Regional Income Tax Agency. Occasional entrant provisions require that income taxes must be withheld for the employee's "principal place of work" (as defined by Ohio Revised Code Section 718) for the first 20 days an employee works in another Ohio municipality (non-principal place of work municipality). Employee withholding is required for the "non-principal place of work municipality" beginning on the 21st day and the employer is not required to look back to the first day. Worksite location means a construction site or other temporary worksite at which the employer provides services for more than 20 days during the calendar year. However, construction contractors that expect to spend 20 days or more in the City of Groveport are required to begin withholding City of Groveport municipal income tax on Day 1 and not Day 21.

Small employers (those with less than $500,000 in annual gross receipts as defined in Ohio Revised Code Section 718) are only required to withhold for the municipality in which the employer is physically located. The $500,000 gross receipts threshold is determined annual based on gross receipts reported on the immediately preceding year's federal tax return. The "small employer withholding rule" does not apply to any government entity or agency.

Monthly filing and payment is required if an employer has withheld with respect to a municipality more than $2,399 in the immediately preceding calendar year, or more than $200 in any one month in the immediately preceding calendar quarter. The due date for monthly filers is the 15th day of the month following the month withheld.

Quarterly filing and payment is required if an employer has withheld with respect to a municipality $2,399 or less in the immediately preceding calendar year, or $200 or less for each month in the immediately preceding calendar quarter. The due date for quarterly filings and payments it he last day of the month following the end of each calendar quarter.

If you believe the following applies to your business while working within the municipal corporation limits, please complete the **City of Groveport Municipal Income Tax Contractor Registration Form** by clicking on the following link https://groveport.seamlessdocs.com/f/Business_Registration_Form and a City of Groveport tax representative will assist you.

Sincerely,

Jason Carr

Jason Carr, CPA
Finance Director

CITY OF
GROVEPORT.

655 Blacklick St.
Groveport, Oh. 43125
614-836-5301
jcarr@groveport.org
www.groveport.org

BUSINESS REGISTRATION

REASON FOR REGISTRATION	TYPE OF BUSINESS
☐ COURTESY WITHHOLDING (for employee's resident municipality)	☐ Corporation ☐ Non-Profit
☐ WORKPLACE WITHHOLDING (for employee's resident Groveport)	☐ S-Corporation ☐ LLC
☐ NET PROFIT ACCOUNT (doing business in Groveport)	☐ Sole Proprietor
	☐ Partnership

# of Employees Working in Groveport:		Start Date:		Fiscal Year End:	
# of Employees Residing in Groveport:		Start Date:		Type of Service:	

COMPANY INFORMATION (Include physical address of work performed within Groveport)

Name:		Federal EIN #:	
DBA:		SSN# (sole proprietor)	
Groveport Location			
Landlord Name			
Landlord Address:			
Mailing Address:			
Contact Person:			
Telephone Number:			

ADDITIONAL INFORMATION (Required)

☐ Yes ☐ No	This company is already registered with the City of Groveport		
☐ Yes ☐ No	This company is a small employer (under $500,000 gross revenue during previous year)		
☐ Yes ☐ No	This company is a contractor	Groveport Project Name:	
Name of Corporate Officers:			
Corporate Officer Address:			

Name:			Title:	
	E-Mail Address:		Phone Number:	
Signature:			Signature Date:	