

DELAWARE COUNTY BUILDING SAFETY
ANNUAL APPROVAL

9/23/2025

Date _____ Permit Number _____

Project Name _____

Project Address _____

Parcel Number _____ City/Village _____

Zip Code _____ Township _____

Contact Person _____ Email _____

Title _____ Phone Number (____) _____

Corporation/Institute Name & Address _____

BBS Certification Holder _____ Email _____

Certification Number _____ Phone Number (____) _____

Type of Certificate _____

BBS Certification Holder _____ Email _____

Certification Number _____ Phone Number (____) _____

Type of Certificate _____

BBS Certification Holder _____ Email _____

Certification Number _____ Phone Number (____) _____

Type of Certificate _____

Scope of Annual Approval

Circle all that apply Electrical Mechanical Gas

Location of Records

Provide Address _____

*I hereby certify all information provided is correct and that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as the owner's agent and agree to conform to the regulations and all applicable codes and laws of the State of Ohio and Delaware County, including the Department of Building Safety virtual inspection program. *

Signature of Owner/Agent _____ **Phone Number** (____) _____