



Violet Township Administrative Offices
10190 Blacklick-Eastern Road NW
Pickerington, Ohio 43147

Wall Elevation Certification

Date _____ Contact Name and Phone Number _____

Builder _____ Violet Township DESC Permit Number _____

Property Address _____

Subdivision (Section/Phase) _____ Lot Number _____

I hereby certify that:

- The **WALL** elevations shown are the result of an actual survey (attached) performed on _____, 20____. These elevations are consistent with the approved building and engineering plans and will allow for construction of the house to be consistent with the approved First Floor Elevation of Finished Grade Elevations.
- Elevation readings were taken from and based on original footer elevations:
Check only one: ___ Top of wall – poured
 ___ Top of wall – block
- Estimated elevation taken from a minimum of one reading per foot section
Average Elevation _____
- Multi-level or step plans shall include a schematic of building footprint with reading locations and elevations identified

A COPY OF THE APPROVED BUILDING AND WALL SECTION PLAN MUST ACCOMPANY THIS FORM IDENTIFYING ELEVATION READING LOCATIONS AND THE ACTUAL ELEVATION TAKEN.

Signed _____

Print _____ Date _____

Professional Surveyor

Fax or Return to: Violet Township Office
10190 Blacklick-Eastern Road NW
Pickerington, Ohio 43147
Phone (614) 575-5556
Fax (614) 575-5562



Office Use Only

____ Approved ____ Disapproved Reviewer: _____ - _____

Comments: _____