APPLICATION FOR ZONING/BUILDING PERMIT

If Commercial ZONING District Date

State of Ohio Zoning/Building Permit #

Permit #

BUILDING LOT

Has deed for this lot been recorded? YES

If answer is NO, approval of Planning Commission is necessary before lot can be recorded. NO

APPLICANT: COMPLETE ALL APPLICABLE SPACES. PRINT FIRMLY TO MAKE ALL COPIES READABLE.

IDENTIFICATION	NAME	ADDRESS	CITY	STATE	PHONE
OWNER					
BUILDING/CONT.					
ARCH./ENGINEER					

Street and number location

Zoned for

Lot #

Describe in detail nature of permit

A. TYPE OF IMPROVEMENT

O New Building O Repair, replacement

O Addition - Alteration - Enter number of dwelling units added or Enter number of dwelling units deducted

O Wrecking (demolish) enter number of dwelling units

O Moving building from existing site

B. OWNERSHIP

O Private O Public (Federal, State, Local) Non-Profit

C. COST (Omit Cents)

Estimated cost of improvement for which this application is being made: $ .00

D. TYPE OF USE

RESIDENTIAL

O One family 0 Two family 0 Three family

O Four or more family. Enter number of units

O Transient Hotel or Motel Enter number of units

O Accessory Garage O Swimming Pool

O Car Port O Tool Shed

O Other

NON-RESIDENTIAL

O Amusement. recreational O Tool Shed

O Church or religious O Swimming Pool

O Industrial 0 Parking Garage 0 Office, bank

O Accessory Garage 0 School 0 Public works

O Car Port O Store O Tanks, tower

O Service Station, repair garage

O Hospital, institutional

O Other

E. PRINCIPAL TYPE OF FRAME

O Masonry (wall bearing) O Structural Steel

O Wood Frame O Reinforced concrete

O Other

F. TYPE OF HEATING FUEL

O Gas O Electricity

O Other

G. TYPE OF SEWAGE DISPOSAL

O Public Sewer O Private system

H. TYPE OF WATER SUPPLY

Public Private (Well, cistern)

I. FOR NEW RESIDENTIAL BUILDINGS ONL Y

Single Family

Total No. of Bedrooms

Bathrooms:

Full

Half

M ulti-family

Total No: Kitchens

Bathrooms:

Full

Half

Total Other Rooms

Total No. of Buildings

Total No. apartments by no. of bedrooms:

0 (efficiency) .....

I bedroom .....

2 bedrooms .....

3 bedrooms .....

4 bedrooms .....

5 or more-specify

Total No. Apartments

No. of off-street parking spaces

J. FOR NON-RESIDENTIAL BUILDINGS ONLY

Number of off-street parking spaces

(a) Enclosed (b) Outdoors

FEE SCHEDULE

Permit

Plan Inspection

Other

TOTAL $

BUILDING CONTAINS

Sq. Ft. Living Area

Sq. Ft. Garage

Total Sq. Ft.

BUILDING DIMENSIONS

GENERAL INSTRUCTIONS

Inspection: required not required

before footers are poured

at completion

Notice must be given to the Department of Engineering 48 hours before inspection is required.

The owner of this building and undersigned, do hereby covenant and agree with all the laws of the State of Ohio and the ordinances of this jurisdiction, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

Application by Address

Owner's or Agent's Signature

DO NOT WRITE BELOW THIS LINE (Office Use)

Zoning Approval: Date Issuing Authorities Approval: Date

Signature Signature

Distribution: WHITE· Issuing Authority; YEllOW· BIA