

Plan Number

APPLICATION FOR PERMITS

APPLICANT - Complete all applicable spaces on this form



Street and number location Zip Code

Table with 7 columns: IDENTIFICATION, NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE NO. Rows include OWNER, CONTRACTOR, MECH. CONTR., and DESIGNER.

Type of Improvement (Check all improvements being applied for)

- BUILDING: New Building, Addition, Alterations, Demolition
REPAIR: Roofing (indicate materials), Tear Off, Overlay, All, Partial, Other Repair
APPURTENANCE: Deck, Shed, Swimming Pool, Sign, Antenna, Awning, Tent, Fence, Other
MECHANICAL: New System, Alterations, Replacement Unit Size, Kitchen Exhaust, Other
FIRE PROTECTION: Sprinkler, Standpipe, UG Fireline, Fire Alarm, Hood Suppression, Other, Gas Piping
PUBLIC WORKS: Driveway, Street Opening
CINTI. WATER WORKS: Water Availability, Water Tap
MSD: Sewer Availability, Sewer Tap
IBI: Electric
HAM CTY- PLUMBING: Plumbing

s.f.

Gross area -new or altered

Describe proposed work

Estimated Cost (all labor and materials excl. HVAC) \$
HVAC Estimated Cost (all labor and materials) \$
Constr. Type Use Group

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio, Hamilton County and the ordinances of the City of Springdale pertaining to buildings and site development, and to construct the proposed improvement 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 or Agent's Signature

O VISA O Mastercard

Expiration Date:

Credit Card Number

Credit card number grid

Name as it appears on the card

Charge fees on my credit card: Signature

Permit Fee \$ BBS \$ HVAC Permit Fee \$ HVAC BBS \$

CO \$ COBBS \$ TOTAL FEE \$

DO NOT WRITE BELOW THIS LINE

Area Volume Zoning Approval

Approval Signature Date Date Iss. Number