

SPRINGDALE BUILDING DEPARTMENT
11700 SPRINGFIELD PIKE **SPRINGDALE, OHIO 45246**
PHONE: 513-346-5730 **FAX: 513-346-5747**

Plan Number

APPLICATION FOR PERMITS**APPLICANT - Complete all applicable spaces on this form**

Street and number location _____ Zip Code _____



IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
OWNER						
CONTRACTOR						
MECH. CONTR.						
DESIGNER						

Type of Improvement (Check all improvements being applied for)

BUILDING	REPAIR	APPURTENANCE	MECHANICAL	FIRE PROTECTION
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Demolition	<input type="checkbox"/> Roofing (indicate materials) <input type="checkbox"/> Tear Off <input type="checkbox"/> Overlay <input type="checkbox"/> All <input type="checkbox"/> Partial <input type="checkbox"/> Other Repair Explain _____	<input type="checkbox"/> Deck <input type="checkbox"/> Shed <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sign <input type="checkbox"/> Antenna <input type="checkbox"/> Awning <input type="checkbox"/> Tent <input type="checkbox"/> Fence <input type="checkbox"/> Other _____	<input type="checkbox"/> New System <input type="checkbox"/> Alterations <input type="checkbox"/> Replacement Unit Size _____ <input type="checkbox"/> Kitchen Exhaust <input type="checkbox"/> Other _____	<input type="checkbox"/> Sprinkler <input type="checkbox"/> Standpipe <input type="checkbox"/> UG Fireline <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Other _____ <input type="checkbox"/> Gas Piping
<div style="border: 1px solid black; padding: 5px; display: inline-block;">s.f.</div> Gross area -new or altered				
PUBLIC WORKS	CINTI. WATER WORKS	MSD	IBI	HAM CTY- PLUMBING
<input type="checkbox"/> Driveway <input type="checkbox"/> Street Opening	<input type="checkbox"/> Water Availability <input type="checkbox"/> Water Tap	<input type="checkbox"/> Sewer Availability <input type="checkbox"/> Sewer Tap	<input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing

Describe proposed work _____

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

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

☐ VISA ☐ Mastercard

Expiration Date: _____

Credit Card
Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 _____