

VILLAGE OF ELMWOOD PLACE

6118 Vine Street, Elmwood Place, Ohio 45216

Phone 513-242-0291 Fax 513-242-4578

BUILDING PERMIT APPLICATION

1. STREET ADDRESS: _____

2. ZONING: _____ OCCUPANCY: _____ PARCEL IDENTIFICATION NUMBER: _____

3. Residential Property (RCO) Commercial Property (OBC)

	NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE/FAX
OWNER						
CONTRACTOR						
PLANS BY						

4. TYPE OF IMPROVEMENT

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Garage | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Hood System | <input type="checkbox"/> Pool (Above-Ground) |
| <input type="checkbox"/> Addition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Pool (In-Ground) |
| <input type="checkbox"/> Repair/Replacement | ____ Furnace | ____ Air Conditioner |
| <input type="checkbox"/> Change of Use | ____ Commercial | ____ Residential |
| <input type="checkbox"/> Change of Occupancy | ____ Replacement | ____ New |
| <input type="checkbox"/> Fire Alarm | ____ Electric | ____ Gas |
| <input type="checkbox"/> Fire Suppression | ____ Oil | |
| ____ Sprinkler | ____ Hood | |

5. OWNERSHIP Private Public

6. COST Estimate cost of construction/improvement for which this application is being made: \$ _____

7. USE OF THIS BUILDING AND PREMISES:

Existing Use: _____ Proposed Use: _____

8. TOTAL FLOOR AREA FOR NEW BUILDINGS/GARAGES/SHEDS/ADDITIONS/DECKS: _____

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 the Village of Elmwood Place pertaining to building(s), and to construct the proposed building(s) or structure(s) 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 to the best of their knowledge, true and correct.

Application by _____ Date _____
Owner or Agent's Name (Print) (Sign)

DO NOT WRITE BELOW THIS LINE (Office Use Only)

Permit Fee \$ _____
RCO 1% (Residential) \$ _____
OBC 3% (Commercial) \$ _____
Total \$ _____ Payment: Cash Check Credit Card Receipt # _____

Plans Examiner Approval: _____ Date Plans Approved: _____

Building/Zoning Official Approval _____ Date Permit Issued _____

Acting as Agent. Authorized to Act for the Political Subdivision _____ Permit Number _____

Revised 9/14/21 to include OBC 3%