

VILLAGE OF WOODLAWN

10141 Woodlawn Blvd., Woodlawn, OH 45215

Phone (513)771-6130 Fax (937) 433-0949

BUILDING & ZONING PERMIT APPLICATION

FOR INFORMATION CALL National Inspection Corporation: 1-888-433-4642

(CHECK ONE) RESIDENTIAL: _____ COMMERCIAL: _____

APPLICATION DATE: _____ EST. PROJECT COST: \$ _____ TOT. SQ. FEET: _____ LOT #: _____

SITE ADDRESS: _____

PROJECT DESCRIPTION: _____ TENANT'S NAME _____

PLEASE PRINT	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE & FAX NUMBERS
PROPERTY OWNER				
GENERAL CONTRACTOR				
HVAC/ELEC CONTRACTOR (If applicable)				
ARCHITECT (If applicable)				

CHECK PERMIT TYPES REQUESTED: *(Check all that apply)*

BUILDING _____ HVAC _____ ELECTRICAL _____ FIRE DAMAGE _____ CHANGE OF USE / OCCUPANCY _____ GAS _____

NEW CONSTRUCTION _____ ADDITION _____ ALTERATION / REMODEL _____ ACCESSORY STRUCTURE / POOL _____

FIRE SUPPRESSION SYSTEM: _____ FIRE ALARM: _____ KITCH. EXHAUST HOOD: _____ SIGN _____ OTHER _____

3 RESIDENTIAL OR 4 COMMERCIAL SITE & BUILDING PLANS SUBMITTED?: _____ **ZONING PERMIT ISSUED?** _____

PROPERTY IN FLOOD PLAIN? _____ **USE GROUP:** _____ **CONSTRUCTION TYPE:** _____ **OCCUPANT LOAD:** _____

The Applicant being the Owner or Owner's Agent has submitted construction plans, specifications, and plot plans that are incorporated into and made part of this application. In consideration of the granting of the permit hereby requested, the Applicant agrees to ensure the related work is completed in accordance with the terms of the permit and applicable State and local laws and regulations. The Applicant acknowledges it is the responsibility of the Applicant to verify and comply with all easements, rights of way and plat covenants and restrictions of record affecting the said property. Applicant will notify the Building Inspector upon start of construction, call for required inspections and will not use or occupy the structure until a Certificate of Occupancy or Completion (full or conditional) has been issued by the Building Inspector.

I certify that I have examined this application and all information in this application is true and correct.

APPLICANT'S NAME (PLEASE PRINT): _____ PHONE: _____

EMAIL ADDRESS _____ FAX: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

***** OFFICE USE ONLY*****

DEPOSIT AMOUNT \$ _____ RECEIVED BY _____ DATE _____

APPROVED _____ (C.B.O.) DATE: _____ ZONING APPROVAL _____ DATE: _____