

CITY OF BROOKVILLE

301 Sycamore Street, P.O. Box 10, Brookville, Ohio 45309-0010

Phone (937) 833-2135 Fax (937) 833-3347

BUILDING PERMIT APPLICATION

FOR INFORMATION CALL: 1-888-433-4642

(CHECK ONE) RESIDENTIAL: _____ COMMERCIAL: _____

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

SITE ADDRESS: _____ TENANT'S NAME _____

PROJECT DESCRIPTION: _____

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

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 SYSTEM: _____ KITCH. EXHAUST HOOD: _____ SIGN _____ OTHER _____

2 RES. OR 3 COMM. SITE AND BUILDING PLANS SUBMITTED?: _____ ZONING ? _____ PROPERTY IN FLOODPLAIN? _____

COMMERCIAL ONLY:.....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: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

DEPOSIT AMOUNT \$ _____ RECEIVED BY _____ RECEIPT # _____

APPROVED / NOT APPROVED _____ DATE: _____