



XINNCI G OF ST. BERNARD

Department of Buildings & Planning

110 WASHINGTON AVENUE

St. Bernard, Ohio 45217

(513) 242-7770 Fax: (513) 641-1840

<http://www.cityofstbernard.org>

Permit Application Form

Permit Number

Part A – Identification

COMPLETE IN INK – PLEASE PRINT

Project Address	Floor/Suite		
Owner	Street Address/City/State/Zip	Phone	Home/Work
Contractor	Street Address/City/State/Zip	Phone	Fax
Contact Person	Street Address/City/State/Zip	Phone	Fax

Part B – Main Use of Primary Building on Property: (Such as Office, One-Family, Parking Garage, Restaurant, etc.)

Present Use: _____ No. of Dwelling Units: _____

Proposed Use: _____ No. of Dwelling Units: _____

Part C – Type of Work

New Building Alteration (description) _____

Addition _____ Repair (description) _____

Sprinklers Standpipes Fire Alarm (Associated Building Permit No. _____)

Excavation/Fill Quantity of Fill _____ Cubic Yards Borrow Site: _____

Quantity of Excavation _____ Cubic Yards Disposal Site: _____

Wrecking Dimension of Building _____ x _____ x _____
width length # of stories

Depth of Basement _____ Type of Wrecking Hand Machine

Signs – Does the message or copy pertain to a business conducted on the premises? Yes No

Type of Illumination? _____ Ground Signs Yes No

Fence _____ height Length _____

Other (Explain) _____

HVAC	Commercial	Residential	New	Replacement
	Heating Only	Gas	Electric	Geothermal
	Cooling Only			Oil
	Heating and Cooling "please check all that apply".			Heat Pump

Cost of Labor and Material for this Application Only \$ _____

(Do not include the cost of electrical or work covered by a separate application)
The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the Department of Buildings and Inspections of the described premises at any time when work on those premises is ongoing and hereby grants that consent.

Applicant's Signature _____

OFFICIAL USE ONLY BELOW LINE

Route To: _____ Processing Fee: _____

APPROVALS:

Date Building Date

