| 8-1  | VILL<br>Dep                                    | Pe  | Permit Application Form |                         |  |  |  |  |
|--|--|---|-------------------------|-------------------------|--|--|--|--|
|  | 110 Washington Avenue<br>St. Bernard, OH 45217 |   |                         |                         | <u>Permit Number</u>                   |  |  |  |
|  | 513-   | St. Bernard, OH 45217<br>513-242-7770 Fax: 513-641-1840 |                         |                         |  |  |  |  |
| TD. B50  | htt  | tp://www.cityofstbernard.o                              | rg                      | _                       |  |  |  |  |
| Part A — Identificati  | on   | COMPLETE IN INK   |                         |                         | PLEASE PRINT                           |  |  |  |
|  |  |   |                         |                         |  |  |  |  |
| Project Address Floor/Suite  |  |   |                         |                         |  |  |  |  |
| Owner: <b>**REQUIRED F</b>   | ELD Street Ad                                  | dress/City/State/Zip                                    | Phone:                  | Er                      | nail: **REQUIRED FIELD                 |  |  |  |
| Contractor:  |  | Street Address/City/State/Z                             | ip                      | Pho                     | ne:                                    |  |  |  |
| Contact Person:**REQU  | JIRED FIELD Stree                              | et Address/City/State/Zip                               | Phone                   | e: Er                   | nail:** <b>REQUIRED FIELD</b>          |  |  |  |
|  |  | Property: (Such as Office,                              | •                       |                         | lestaurant, etc.)                      |  |  |  |
|  |  |   |                         | Dwelling Units:         |  |  |  |  |
| Proposed Use:<br>Part C — Type of Wor                                      | (  |   | No. of                  | Dwelling Units:         |  |  |  |  |
| New Building   |  | on (Description)  |                         |                         |  |  |  |  |
| Addition   |  | Repair (Description)                                    |                         |                         |  |  |  |  |
| Sprinklers   | Floor Area<br>Standpipes                       | Fire Alarm  | (Associated B           | ldg. Permit #):         |  |  |  |  |
| Evacuation/Fill  |  | Cubic Y   | •                       | -                       |  |  |  |  |
| Quanti   | ty of Evacuation                               | Cubic Ya  |                         | cal Cita.               |  |  |  |  |
| Wrecking Di  | mension of Building                            | x   |                         | x                       |  |  |  |  |
|  | -  | width   | length                  |                         | # of stories                           |  |  |  |
| Depth of Baseme  | nt   | Type of W   | recking                 | Hand                    | Machine                                |  |  |  |
| Signs — Does the   |  | in to a business conducted                              | -                       |                         | Yes No                                 |  |  |  |
|  | Type of Illu                                   |   |                         |                         | Yes No                                 |  |  |  |
| Fence  |  | Height  |                         | Length                  |  |  |  |  |
| Other (Explain)  |  |   |                         |                         |  |  |  |  |
| HVAC   | Commercial                                     | Residential   | New                     | Replac                  | ement                                  |  |  |  |
|  | Heating Only                                   | Gas Electric  | Geoth                   | ermal                   | Oil Heat Pump                          |  |  |  |
|  | Cooling Only                                   | /   |                         |                         |  |  |  |  |
|  | Heating and Cooling                            | g (Please Check All That App                            | oly)                    |                         |  |  |  |  |
| Cost of Labor for this   | Application Only                               |   | 9                       | \$                      |  |  |  |  |
| (Do not include the cost of electronic of the owner or agent of this built |  |   | and statements give     | on the application dray | wings, and inspections are to the best |  |  |  |
| of their knowledge, true and co  | prrect. The undersigned furthe                 | er certifies their authorization to g                   | rant consent to the i   | nspection by employee   | es of the Department of Buildings and  |  |  |  |
|  | emises at any time when wor                    | k on those premises I ongoing and                       | hereby grants that o    | consent.                |  |  |  |  |
| REQUIRED:  |  |   |                         |                         |  |  |  |  |
| Applicant' Signature   |  |   |                         |                         |  |  |  |  |
| Route To:  |  |   | Processing Fee          | : \$                    |  |  |  |  |
|  |  |   | r rocessing ree         | · <u> </u>              |  |  |  |  |
| APPROVALS:   |  |   |                         |                         |  |  |  |  |
|  |  |   |                         |                         |  |  |  |  |

## **OFFICIAL USE ONLY BELOW LINE**

| Conflicts with City Projects   | Zoning District |           |      |        |  |  |  |
|--|-----------------|-----------|------|--------|--|--|--|
| Auditor's Book   | Page Parcel     |           |      |        |  |  |  |
| /aluation for Fee Purposes Use Group   |                 |           |      |        |  |  |  |
| Type of Permit   | Amount          | Issued By | Date | Number |  |  |  |
| Building   |                 |           |      |        |  |  |  |
| Wrecking   |                 |           |      |        |  |  |  |
| Barricade  |                 |           |      |        |  |  |  |
| Fire Protection  |                 |           |      |        |  |  |  |
| Excavation / Fill  |                 |           |      |        |  |  |  |
| Sign   |                 |           |      |        |  |  |  |
| Walk-Thru  |                 |           |      |        |  |  |  |
| Investigation Fee  |                 |           |      |        |  |  |  |
| Outdoor Adv. Sign  |                 |           |      |        |  |  |  |
| Ohio State Surcharge   |                 |           |      |        |  |  |  |
| Type of Certificate  |                 |           |      |        |  |  |  |
| Inspection   |                 |           |      |        |  |  |  |
| Occupancy  |                 |           |      |        |  |  |  |
| Vacant Building  |                 |           |      |        |  |  |  |
| Maintenance License  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
| Special Instructions    Soil Inspection Required  Yes  No  Regulatory Floodway  Yes  No    Fire Stopping Inspection Required  Yes  No  Floodway Fringe  Yes  No    Flood Zone Evacuation Certificate Required  Yes  No  Base Flood Elevation |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |
|  |                 |           |      |        |  |  |  |