

## COMMERCIAL BUILDING/ ZONING PERMIT APPLICATION

PLEASE FILL OUT COMPLETELY  
 PLEASE PRINT, USE BALL POINT PEN OR TYPE



**1. PERMIT SITE ADDRESS:** \_\_\_\_\_ **FLOOD ZONE:** no yes

**2. COUNTY:**     Hamilton     Clermont     Warren

**3. Tenant Location:** Floor \_\_\_\_\_ Suite \_\_\_\_\_ Unit \_\_\_\_\_ Lot \_\_\_\_\_ Business name \_\_\_\_\_

	NAME	ADDRESS - CITY - STATE - ZIP	PHONE - FAX - EMAIL
OWNER:			
CONTRACTOR:			
PLANS BY:			
CONTACT PERSON:			

**4. TYPE OF PERMIT:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Addition<br><input type="checkbox"/> Alteration<br><input type="checkbox"/> New Building<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Roofing, structural<br><input type="checkbox"/> HVAC (check all that apply)<br>Furnace: New ___ No. of units ___<br>Replacement ___ No. of units ___<br>Air Condition ___ No. of units ___<br>Other _____ No. of units ___<br>Alt. Ductwork only _____<br>Fireplace/ Other _____<br>Unit Heater _____ No. of _____<br><input type="checkbox"/> Kitchen Hood & Exhaust System<br>Type I Hood ___ Total Length ___<br>Type II Hood ___ Total Length ___ | <input type="checkbox"/> Hood Fire Suppression System<br><input type="checkbox"/> Fire Protection: New ___ Existing _____<br>Sprinkler Suppression _____<br>Sprinkler under NFPA 13 _____<br>NFPA 13R ___ Other _____<br>Fire Alarm _____<br>Limited Area _____<br>Underground Fire Line _____<br><input type="checkbox"/> Repairs, replacement<br><input type="checkbox"/> Wrecking, demolish<br><input type="checkbox"/> Deck<br><input type="checkbox"/> Fence<br><input type="checkbox"/> Pool<br><input type="checkbox"/> Retaining wall<br>Length _____<br>Max Height _____ | <input type="checkbox"/> Utility Structure<br>Type of _____<br><input type="checkbox"/> Sign<br><input type="checkbox"/> Ground<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Projecting<br><input type="checkbox"/> Temporary street banner<br><input type="checkbox"/> Proposed dates: _____<br><input type="checkbox"/> New business certificate<br><input type="checkbox"/> ENG. change to existing permit<br><input type="checkbox"/> # _____<br><input type="checkbox"/> Other:<br><input type="checkbox"/> Explain Below Item 8 |
|--|---|---|

**5. ENERGY CONSERVATION: ALL STRUCTURES HEATED AND/ OR COOLED SHALL CONFORM TO THE REQUIREMENTS OF THE OHIO BUILDING CODE (OBC) INCLUDING ITS REFERENCE STANDARDS**

**6. Existing Use Groups:** \_\_\_\_\_ **Proposed Use Group:** \_\_\_\_\_ **Type of Construction** \_\_\_\_\_ **Project Area** \_\_\_\_\_ **SF**

**7. COST:** Estimated cost of improvement for which this application is being made: \$ \_\_\_\_\_ .00

**8. Description of work:** \_\_\_\_\_

**9. APPLICANT CHECKLIST:**

- Commercial plans submitted have been signed and sealed by a State of Ohio licensed architect or engineer
- A site plot plan with existing and proposed changes has been included.
- Four sets of plans are required to be submitted for review.

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 City of Loveland 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.

**NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK**

Application by \_\_\_\_\_  
 Owner or Agent's Signature

Date \_\_\_\_\_