

CITY OF MT. HEALTHY BUILDING PERMIT APPLICATION

PLAN NUMBER:

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN TO:

7700 PERRY STREET, MT. HEALTHY, OHIO 45231 • PHONE 513-728-3182 EXT. 145 FAX: 513-728-3189

ADDRESS OF JOB:	DATE:
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TYPE OF IMPROVEMENT: PLEASE CIRCLE

1- ADDITIONS	10- FIRE ALARM	18- SIDING	26- RAMP
2- AWNING	11- FIRE SUPPRESSION	19- SIGN	27- PORCH
3- BUILDING (NEW)	12- GUTTERS/ DOWNSPOUTS	20- SHED	28- KITCHEN EXHAUST HOOD
4- CARPORT	13- HVAC	21- OTHER	29- ATTACH. GARAGE
5- DECK	14- INTER. ALTER.	22- MOD. OFFICE.	30- EXTER. ALTER.
6- DEMOLITION	15- POOL	23- MODULAR BLDG. W/FOUNDATION	31- CANOPY
7- DETACHED GARAGE	16- REROOF	24- FIRE DAMAGE	32- TENT
8- FENCE	17- SATELLITE DISH	25- PATIO ENCLOS.	33- PORT. STOR. UNIT
9- FENCE (SOLID)			

BUILDING CONSTRUCTION COST		DESCRIBE IMPROVEMENT
a. Building Structure	\$	
b. Electric	\$	
c. Plumbing	\$	
d. Heating & Air	\$	
e. Suppression, Fire Alarm	\$	
f. Miscellaneous	\$	
g. Foundation only	\$	
Total Project Cost:	\$	

NAME & EMAIL ADDRESS		MAILING ADDRESS	PHONE
1. Owner/ Lessee			
2. General Contractor			
3. Architect/ Engineer			
4. Contractor			
	<u>REQD-License #</u>		

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent to conform to all applicable laws of this jurisdiction.

<u>Signature of Applicant</u>	<u>Address: City, State and Zip Code</u>
<u>Date:</u>	
PLEASE PRINT NAME:	

VALIDATION – FOR DEPARTMENT USE ONLY

Plan Examiners Notes:	Zoning officials Notes:
Plan Examiners Approval	Zoning Officials Approval
Signature: _____ Date: _____	Signature: _____ Date: _____

Date Permit Issued:	Permit Number:	Permit & Inspection Fee: \$
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