

CITY OF NORWOOD

Permit No. _____

4645 Montgomery Road, Norwood, Ohio 45212

Phone 513-458-4510 Fax 513-458-4511

BUILDING/ZONING PERMIT APPLICATION

Associated BP # _____

1. STREET ADDRESS & SUITE #: _____ (Name of Business)

2. ZONING: _____ OCCUPANCY: _____ PARCEL NUMBER: _____

3. Residential Property (RCO) Commercial Property (OBC)

	NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE/FAX
OWNER						
CONTRACTOR						
PLANS BY						

4. TYPE OF IMPROVEMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Garage | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Hood System | <input type="checkbox"/> Pool (Above-Ground) |
| <input type="checkbox"/> Addition | <input type="checkbox"/> HVAC # of Units: _____ | <input type="checkbox"/> Pool (In-Ground) |
| <input type="checkbox"/> Repair/Replacement | _____ Furnace _____ Air Conditioner | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Change of Use | _____ Commercial _____ Residential | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Change of Occupancy | _____ Replacement _____ New | <input type="checkbox"/> Sign ID: _____ SQ FT: _____ |
| <input type="checkbox"/> Fire Alarm | _____ Electric _____ Gas _____ Oil | <input type="checkbox"/> Wrecking/Moving |
| <input type="checkbox"/> Fire Suppression | _____ New System; drawings & specs required | <input type="checkbox"/> Other (specify) _____ |
| _____ Sprinkler _____ Hood | | |

5. DESCRIPTION OF WORK: _____

6. COST: Estimate cost of construction/improvement for which this application is being made: \$ _____

7. USE OF THIS BUILDING AND PREMISES:

Existing Use: _____ Proposed Use: _____

8. TOTAL FLOOR AREA FOR NEW BUILDINGS/GARAGES/SHEDS/ADDITIONS/DECKS: _____

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 Norwood 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.

Application by _____ Date: _____
Owner or Agent's Name (Print & Sign) (phone number)

DO NOT WRITE BELOW THIS LINE (Office Use Only)

Required Review/upfront Fee \$ _____

Permit or Zoning Fee \$ _____

Fine \$ _____

OBC 3% (Commercial) \$ _____

RCO 1% (Residential) \$ _____

Total \$ _____

Balance Due \$ _____

Payment: Cash Check Credit Card Receipt # _____

Plans Examiner Approval: _____ Date Plans Approved: _____

Construction Type: _____ Use Group: _____

Building/Zoning Official Approval _____ Date Permit Issued: _____