



BUILDING PERMIT APPLICATION

For Office Use Only	Digital <input type="checkbox"/>	Building Permit No:
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Part A - Identification

Project Address		Tenant/Floor/Suite/Unit/Lot	
Owner Information as Listed with HC Auditor		Contractor Information (REQUIRED)	
Name	Name		
Address	Address		
Contact Phone	Contact Phone		
Primary Contact on Project (REQUIRED)			
Name	Contact Phone	Contact Fax	
Address	Email Address		

Part B - Primary Use of the Main Building on Property (Select from the following Uses only) (See Use Guide for Details)

Current Use	Use Group	# Dwell Units	ASSEMBLY A-1 A-2 A-3 A-4 A-5	BUSINESS B	EDUCATION E	FACTORY F-1 F-2
Proposed Use	Use Group	# Dwell Units	HIGH HAZARD H-1 H-2 H-3 H-4 H-5	INSTITUTIONAL I-1 I-2 I-3 I-4		MERCANTILE M
			RESIDENTIAL 123 Fam R-1 R-2 R-3 R-4	STORAGE S-1 S-2	UTILITY U	VACANT LAND VAC

Part C - Description or Scope of Work & Costs:

Describe the proposed work in detail:				Fair Market Value of Labor & Materials for this Application (Do not include cost of electrical or any work covered by a separate application) \$ _____				
Building	New Building <input type="checkbox"/>	Addition <input type="checkbox"/>	Square Footage of the building or area of work?	Is it a Change of Use?		Yes	No	
	Alteration <input type="checkbox"/>	Repair <input type="checkbox"/>		Is it a Historic Bldg?		Yes	No	
	Deck/Porch <input type="checkbox"/>	Fence <input type="checkbox"/>		Tent <input type="checkbox"/>	If Temporary Structure		Start Date	End Date
	Certificate of Occupancy/Use <input type="checkbox"/>							
Fire Protection	Alarm <input type="checkbox"/>		New <input type="checkbox"/>	Square Footage of work area?		Associated Building Permit#		
	Sprinkler/Suppression <input type="checkbox"/>		Modify Existing <input type="checkbox"/>					
Excavation Fill	Quantity of Excavation _____ C.Y.		Disposal Site _____		Quantity of Fill _____ C.Y.		Borrow Site _____	
	Length	Avg Height	Max Height	Sign	Type of Illumination?	Ground Sign		Does copy pertain to business conducted on property? Yes No
					Yes No	Yes No		
Wrecking	Length	Width	# of Stories	Depth of Basement	Other	Please describe type of permit		
Vacant Building Maintenance License <input type="checkbox"/>	Certificate of Inspection <input type="checkbox"/>		Total # of Sheets in one set of drawings (Including Specifications) _____			Is there a Notice of Violation or Adjudication Order? Yes No		
						Violation Number: _____		

Part D - Authorizations

The owner or agent of this building and the undersigned do hereby certify that the information and statements given on this application, drawings and inspections are true and correct to the best of their knowledge. The undersigned further certifies their authorization to grant consent and does hereby grant consent to the inspection of the described premises at any time when work on those premises is ongoing by employees of the City of Cincinnati .

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY	Inspector's Notes	Application Exp Date	Permit Exp Date
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BUILDING USE CODES

A-1	Concert Hall or Theatre w/Stage	H-1	Explosives	1-2-3 Family	1-2-3 Family Dwelling	
A-2	Nightclubs or Restaurants	H-2,H-3,H-4	Flammable Gases, Toxic, Corrosives	R-1	Res Hotel/Motel/Boarding Homes	
A-3	Churches or Other Assemblies	H-5	Haz Prod Materials or Semi Cond Fab	R-2	Multi Fam Apartment Building	
A-4	Sports Arena	I-1	Inst Res Care/Halfway House	R-3	Multi Fam Townhouses <3 Units Attach	
A-5	Outdoor Facilities	I-2	Inst Hospital	R-4	Assisted Living Facility	
B	Business	I-3	Inst Prison	S-1	Storage Moderate Hazard	
E	Education	I-4	Adult Daycare	S-2	Storage Low Hazard	
F-1	Factory Moderate Hazard	M	Mercantile	VAC		
F-2	Factory Low Hazard	U	Utility			

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Type of Permit	Amount		
Barricade		Valuation for Fee Purposes _____	
Building		Zoning District _____	
Cert of Inspection		Use Group _____	
Cert of Occupancy		Conflicts w/ City Projects _____	
Excavation/Fill		Base Flood Elevation _____	
Fire Protection		Floodway Map No./Parcel/Date _____	
Investigation Fee			
Ohio St Surcharge		Regulatory FloodWay	Yes No
Outdoor Adv Sign		Floodway Fringe	Yes No
Permit Processing Fee		Flood Elevation	Yes No
Premium Service Fee		Certificate Required	
Review By Appt			
Revisions		<u>Inspections Required</u>	
Scanning Fee		Soil Inspection	<input type="checkbox"/>
Sign		Framing Inspection	<input type="checkbox"/>
Technology Surcharge		Fire Stopping Inspection	<input type="checkbox"/>
VBML		Final Inspection	<input type="checkbox"/>
Wrecking			
Zoning Certificate			
Permit Processing Fee	\$		

Reviewed _____
 By: _____ Zoning _____ Date _____ Plan Exam _____ Date _____