

<b>RECEIVED:</b> _	
	Date
Fee: \$	Date Paid
Permit No:	

## DISCLAIMER: ALL INFORMATION ON THIS FORM WILL BECOME PUBLIC RECORD

## **Building and Zoning Permit**

PROPERT	TY INFORMATION: please print				
Address	::				
Book, Pa	age & Parcel number:		New Construction Lot #:		
PROPERT	TY OWNER: please print				
Name:		Daytime Telephone #:			
Address	::	Evening Telephone #:			
	PRIVATE PUBLIC	Email Address:			
APPLICA	NT/TENANT: please print				
Name:		Telephone #:			
Address:		Email Address:			
CONTRAC	CTOR/PLANS BY: please print	,			
Name:		Telephone #:			
Address:		Email Address:	Email Address:		
PROJECT	INFORMATION: RESIDENTIAL	COMMERCIAL ESTIMATED C	OST: \$		
TYPE OF IMPROVEMENT:		TYPE OF USE: Per Ohio Building O	TYPE OF USE: Per Ohio Building Code Sect 302 - Classification		
	New Building – SqFt =	Assembly			
	Addition # of units:	Business			
	Alteration/repair:	Educational			
	# of units added: Removed:	Factory/Industrial			
	Heating/Air: ☐ New ☐ Replacement	High Hazard			
	☐ furnace ☐ air ☐ both	Institutional			
	Other:	Mercantile			
		Residential – Single Family Multi Family			
			Storage		
Is the property located in a Floodplain? $\square$ Y $\square$ N		Utility and Miscellaneous			
	COMPLETE THE FOLLOW	ING ITEMS FOR NEW BUILDINGS & ADDITION	NS ONLY:		
A. PRINCIPAL TYPE OF FRAME:		B. TYPE OF HEATING FUEL:	C. TYPE OF WATER SUPPLY:		
Masonry (Wall Bearing)		Gas Coal	Public		
Structural Steel		Oil Electricity	Private (Well, Cistern)		
Wood Frame		Other	D. FOR RESIDENTIAL BUILDINGS ONLY:		
		E. TYPE OF SEWAGE DISPOSAL:	Number of bedrooms		
Other		Public Sewer	Number of bathrooms		
	ntral air conditioning in this building?  \( \subset \) \(	Private System (septic tank, etc.)	Number of off-street parking spaces		
s tnere an	elevator in this building? 🔲 Y 🔲 N	F. FOR COMMERCIAL BUILDINGS ONLY:  Number of off-street parking spaces: Enclosed Outdoors			
		inumber of one-street parking spaces: Encio	25EU - OULUOUIS		

Is any industry, business, se	ervice, repair, processing, s	storage or display cond	ducted outside of a completely	/ enclosed building?				
	YES	NO						
Will any operation in the u	se of this building be obno	xious or offensive by r	eason of the emission of odor	, dust, smoke, gas, fumes,				
water carried waste, noise	=	NO						
If yes, will such uses be cor	ntrolled in accordance with	all applicable provisio	ns of the Code of Ordinances	? YES NO				
			<b>58.28</b> <i>Maintenance of Property E t</i> , the following items must also b	-				
	Site and Public Right-of-Way Cleanliness – All debris and accumulation of material, including excess dirt, resulting from the demolition or construction must be removed from the premises. All waste materials shall be removed in a manner which prevents							
ways. Dirt, deb		not be allowed to remai	tion shall be paid to sidewalks a in on the street during or after de					
• No staging of r	naterials in the public right-o	f-way without approval	from the Office of the City Mana	ger.				
Water accumu     or adjoining pri		de to prevent the accum	ulation of water or damage to an	y foundations on the premises				
• Erosion Contro	ol - Erosion control measures i	must be taken. Silt fence	guidelines are attached.					
Temporary Str	Temporary Structure Location - If <u>port-a-let(s)</u> are brought on site, they must be located on the property (not in the right-of-way, including the sidewalk) and must be maintained on a regular schedule. <u>Dumpsters</u> should be located on the property wherever							
		- '	proval from the Office of the City	_				
No parking in f	ire lanes or other restricted a	= -	ot to impede the flow of traffic or ions may be made for special circ					
	ger and/or Chief of Police.		££ttd;t					
		•	ffects to adjacent properties or to					
			operation for any commercial con work is permitted on Sundays, N					
	Day, Labor Day, Thanksgiving		work is permitted on Sundays, N	ew real 3 Day, Memorial Day,				
the City of Madeira, pertaining alteration in accordance with application, drawings and spec	g to building and buildings, a the plans and specifications cifications are to the best of t	nd to construct the prop submitted herewith, an heir knowledge, true an	ly with all the laws of the State or cosed building or structure or moderation and certify that the information and correct. I/we, the undersigned a citation and/or a stop work orders.	ake the proposed change or nd statements given on this I, understand and agree that				
Signature		Print Name	Date					
		TE BELOW THIS LINE –	OFFICE USE ONLY					
 Plan Examiner's Approval: _								
Zoning Approval:								
Zoning District	Pe	rmit Number	Issue Date					
Inspection Fee \$	BBS Fee \$	ARO Fee	\$ Total Fee					
Notified Applicant:	∏ email ∏ nhon	e D mailed	date:					