



City of Madeira  
 Building Department  
 7141 Miami Avenue  
 Madeira, OH 45243

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

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

### Building and Zoning Permit

**PROPERTY INFORMATION:** please print

Address:			
Book, Page & Parcel number:		New Construction Lot #:	

**PROPERTY OWNER:** please print

Name:		Daytime Telephone #:	
Address:		Evening Telephone #:	
<input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC		Email Address:	

**APPLICANT/TENANT:** please print

Name:		Telephone #:	
Address:		Email Address:	

**CONTRACTOR/PLANS BY:** please print

Name:		Telephone #:	
Address:		Email Address:	

**PROJECT INFORMATION:**  RESIDENTIAL  COMMERCIAL ESTIMATED COST: \$ \_\_\_\_\_

TYPE OF IMPROVEMENT:	
<input type="checkbox"/>	New Building – SqFt = _____
<input type="checkbox"/>	Accessory Structure
<input type="checkbox"/>	Addition
<input type="checkbox"/>	Alteration/Repair:
<input type="checkbox"/>	Fence
<input type="checkbox"/>	Heating/Air: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> furnace <input type="checkbox"/> air <input type="checkbox"/> both
<input type="checkbox"/>	Pool
<input type="checkbox"/>	Roof Replacement <input type="checkbox"/> Roof & Gutters
<input type="checkbox"/>	Other:

TYPE OF USE:	Per Ohio Building Code Sect 302 - Classification
<input type="checkbox"/>	Assembly
<input type="checkbox"/>	Business
<input type="checkbox"/>	Educational
<input type="checkbox"/>	Factory/Industrial
<input type="checkbox"/>	High Hazard
<input type="checkbox"/>	Institutional
<input type="checkbox"/>	Mercantile
<input type="checkbox"/>	Residential – Single Family _____ Multi Family _____
<input type="checkbox"/>	Storage
<input type="checkbox"/>	Utility and Miscellaneous

Is the property located in a Floodplain?  Y  N

**COMPLETE THE FOLLOWING ITEMS FOR NEW BUILDINGS & ADDITIONS ONLY:**

**A. PRINCIPAL TYPE OF FRAME:**

- \_\_\_ Masonry (Wall Bearing)
- \_\_\_ Structural Steel
- \_\_\_ Wood Frame
- \_\_\_ Reinforced Concrete
- \_\_\_ Other \_\_\_\_\_

Is there central air conditioning in this building?  Y  N

Is there an elevator in this building?  Y  N

**B. TYPE OF HEATING FUEL:**

- \_\_\_ Gas  Coal  Oil
- \_\_\_ Electricity  Other \_\_\_\_\_

**C. TYPE OF WATER SUPPLY:**

- \_\_\_ Public
- \_\_\_ Private (Well, Cistern)
- \_\_\_ Other \_\_\_\_\_

**D. TYPE OF SEWAGE DISPOSAL:**

- \_\_\_ Public Sewer
- \_\_\_ \*Private System (septic tank, etc.)

\*Required to contact Hamilton County Public Health

Phone: 513-946-7800

**E. FOR RESIDENTIAL BUILDINGS ONLY:**

- Number of bedrooms \_\_\_\_\_
- Number of bathrooms \_\_\_\_\_
- Number of off-street parking spaces \_\_\_\_\_

**F. FOR COMMERCIAL BUILDINGS ONLY:**

- Number of off-street parking spaces: Enclosed \_\_\_\_\_ Outdoors \_\_\_\_\_

