

HAMILTON COUNTY, OHIO

| |
|-------------------------------------|
| COMMERCIAL APPLICATION |
| BUILDING PERMIT |
| NEW CONSTRUCTION, ADDITIONS, |
| ALTERATIONS, REPAIRS |
| DEMOLITION |

DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT ST., CINTI., OH 45202
 (513) 946-4550 (FAX) 946-4511

| | | | |
|----------|------|------|------|
| PLANNING | ZONE | BOOK | PAGE |
|----------|------|------|------|

| |
|-----------------------------------|
| APPLICATION NO. |
| DO NOT WRITE IN THIS SPACE |

USE BALL POINT PEN OR TYPE

1 PROJECT NAME _____ **LOT** _____ **MALL/STRIP CENTER/ OTHER BLDG. NAME** _____
ADDRESS _____ **ZIP CODE** _____ **TOWNSHIP/MUNICIPALITY** _____

| 2 NAME | STREET ADDRESS | CITY | ST. | ZIP CODE | PHONE NO. |
|----------------------------|-----------------------|-------------|------------|-----------------|------------------|
| BUILDING OWNER | | | | | |
| TENANT | | | | | |
| CONTRACTOR | | | | | |
| DESIGNER OF RECORD | | | | | |
| APPLICANT | | | | | |
| APPLICANT'S E-MAIL ADDRESS | | | | | FAX NO. |

3 PROPOSED USE GROUP: _____ **TYPE OF CONSTRUCTION:** _____ **PREVIOUS USE:** _____
(VACANT IS NOT ACCEPTABLE)

4 TYPE OF WORK: NEW ADDITION ALTERATION **5 BUILDING IS FULLY SPRINKLERED:** YES NO
(CIRCLE ONE)

6 DESCRIPTION OF WORK: _____

7 GROSS SQ. FT.: _____ **8 AREA OF THIS PROJECT:** _____ **9 EST. START DATE:** _____
(USING OUT TO OUT DIMENSIONS)

10 NO. OF STORIES: _____ **11 TOTAL NUMBER OF OCCUPANTS:** _____ **12 ESTIMATED COST:** _____
(LABOR, MATERIAL, OH&P)

13 PUBLIC SEWER **PUBLIC WATER** **PRIVATE SEWER** **PRIVATE WATER**

14 YOU MAY NEED APPROVALS FROM OTHER DEPARTMENTS BEFORE A PERMIT WILL BE ISSUED.

15 THE BUILDING PERMIT WILL NOT BE ISSUED UNTIL:

- ALL OF THE PROJECT RELATED APPLICATIONS LISTED BELOW ARE PROPERLY FILED AT THE PERMIT COUNTER.
- THE HVAC & EXHAUST HOOD APPLICATIONS HAVE RECEIVED PLAN APPROVAL.

| | | | | | | | |
|-------------------------|--------------------------|-----|--------------------------|----------|--------------------------|----------|-----------------------|
| HVAC | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| GAS LINE | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| EXHAUST HOOD(S) | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| FIRE ALARM SYSTEM | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| HOOD SUPPRESSION SYSTEM | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| FIRE SUPPRESSION SYSTEM | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |
| UNDERGROUND FIRE LINE | <input type="checkbox"/> | N/A | <input type="checkbox"/> | INCLUDED | <input type="checkbox"/> | SEPARATE | APPLICATION NO. _____ |

16 ENERGY CONSERVATION REQUIREMENTS: CHAPTER 13 (OBC) - CALCULATIONS SHALL ACCOMPANY THIS APPLICATION

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Hamilton, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK

APPLICANT'S PRINTED NAME _____ DATE _____ APPLICANT'S SIGNATURE _____ DATE _____

(READ LINE 15 ABOVE BEFORE SIGNING THIS FORM)

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

RECOMMENDS PLAN APPROVAL: _____ **DATE** _____ **CLARIFICATION MEMO** **ITEMS** _____

CONDITIONAL RELEASE **DAYS** _____

ZONING APPROVAL: _____ **DATE** _____ **SPECIAL INSPECTIONS**

DATE PERMIT ISSUED _____ PERMIT NUMBER _____ TOTAL PERMIT FEE _____ LESS PRE-PAYMENT AMOUNT DUE _____

HAMILTON COUNTY, OHIO

DEPARTMENT OF BUILDING INSPECTIONS

ROOM 801, 138 E. COURT ST. , CINTI., OH 45202
(513) 946-4550 (FAX) 946-4511

APPLICATION NO.

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FIRE / IBI DEPARTMENT ROUTING SLIP

USE BALL POINT PEN OR TYPE

1 PROJECT NAME _____ **LOT** _____ **MALL/STRIP CENTER/ OTHER BLDG. NAME** _____

ADDRESS _____ **ZIP CODE** _____ **TOWNSHIP/MUNICIPALITY** _____

| 2 NAME | STREET ADDRESS | CITY | ST. | ZIP CODE | PHONE NO. |
|----------------------------|-----------------------|-------------|------------|-----------------|------------------|
| BUILDING OWNER | | | | | |
| TENANT | | | | | |
| CONTRACTOR | | | | | |
| DESIGNER OF RECORD | | | | | |
| APPLICANT | | | | | |
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(VACANT IS NOT ACCEPTABLE)

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(CIRCLE ONE)

6 DESCRIPTION OF WORK: _____

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(USING OUT TO OUT DIMENSIONS)

10 NO. OF STORIES: _____ **11 TOTAL NUMBER OF OCCUPANTS:** _____ **12 PLUMBING WORK:** YES NO
(CIRCLE ONE)

13 PUBLIC SEWER **PUBLIC WATER** **PRIVATE SEWER** **PRIVATE WATER**

APPLICANT'S PRINTED NAME _____ DATE _____ APPLICANT'S SIGNATURE _____ DATE _____

Department of Building Inspections
Hamilton County, Ohio

DEMOLITION FORM:

(30 DAY PERMIT)

Date: _____

Owner: _____

Address: _____

Phone No: _____

Project Location: _____ Township: _____

1. As a condition precedent to obtaining a demolition permit, the owner, agent or person in control of a building or structure to be demolished or razed shall notify, in writing, the appropriate utility companies or public authorities serving the building and/or structure of the intention to demolish or raze such building or structure. Such notice shall request the public utility company or public authority to disconnect such service.
2. The property shall be graded to fully and properly drain, with all hazards removed, and permanently stabilized with grass seed and straw mulch per the specification in the current edition of the Rainwater and Land Development Manual, available for free from ODNR Division of Soil and Water Conservation. Vegetation shall be established and evenly distributed throughout the site with no visible erosion. Sites disturbing more than one (1) acre are required to contact Hamilton County Soil & Water Conservation District at 513-772-7645.
3. Any surface holes or irregularities, wells, septic tanks, basements, cellars, sidewalk vaults or coal chutes remaining after demolition of any building or structure shall be filled with material as approved by the Building Official and shall be graded in such manner that will provide effective surface drainage.
4. All debris and accumulation of material resulting from demolition of any building or structures shall be removed from the premises. All waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public right-of-ways.
5. Metropolitan Sewer District (MSD) requires a Special Sewer Permit to cap and seal the abandoned sewer lateral prior to the demolition of the physical structure to the sanitary sewer. Work must be performed by an MSD licensed sewer tapper. Contact 244-1330 for permit application instructions. MSD Field Section is to be called for inspection of the special permit at (513) 244-1369. Calls received after 9 AM will be scheduled for inspection the next business day.
6. If the property is serviced by a private sewage system a permit will be required from the Hamilton County Board of Health to abandon the sewage system.
7. Any structures containing hazardous materials such as Asbestos, must receive approval from the Ohio Environmental Protection Agency (OPEA) prior to demolition.

I _____ attest to comply with the above requisitions.

Signature

Title

Date