

HAMILTON COUNTY, OHIO

PLANNING & DEVELOPMENT DEPARTMENT

ROOM 801, 138 E. COURT STREET, CINTI OH, 45202

(513) 946-4550

(FAX) 946-4511

RESIDENTIAL APPLICATION
BUILDING PERMIT
NEW 1, 2 & 3 FAMILY DWELLINGS, ADDITIONS, ALTERATION, DECKS, ACCESSORY STRUCTURES, ETC.

APPLICATION NO.
DO NOT WRITE IN THIS SPACE

PLANNING APP	ZONE	BOOK	PAGE
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PROJECT INFORMATION:

USE BALL POINT PEN OR TYPE

1 PROJECT ADDRESS: _____ Zip Code _____
 _____ feet, N S E W , from intersection of _____ Lot Number _____ Parcel _____
 Subdivision _____ Township _____ Municipality _____

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

3 WORK TYPE: NEW SFD ADDITION ALTERATION ACCESSORY STRUCTURE DECK OTHER

4 DESCRIBE THE WORK: _____

5 GROSS SQ. FEET: 1ST + UPPER LEVELS _____ FIN. BASEMENT _____ UNFIN. BASEMENT _____ GARAGE _____

6 NO. BEDROOMS: _____ **7 EST. COST:** _____ **8 EST. START DATE:** _____ **9 EST. FINISH DATE:** _____

10 WOOD FRAME: **OTHER:** _____

11 PUBLIC SEWER: **PUBLIC WATER:** **PRIVATE SEWER:** **PRIVATE WATER:**

12 ENERGY CONSERVATION: ALL ONE-, TWO- AND THREE-FAMILY DWELLINGS AND ALL ACCESSORY STRUCTURES THAT ARE HEATED AND/OR COOLED SHALL CONFORM TO THE REQUIREMENTS OF CHAPTER 11, RESIDENTIAL CODE OF OHIO (RCO). UNLESS AN APPROVED ALTERNATE COMPLIANT METHOD IS SHOWN ON THE DRAWINGS, THE INSULATION R-VALUES LISTED BELOW ARE CONSIDERED THE MINIMUM PRESCRIPTIVE METHOD REQUIREMENTS CONTAINED IN THE RCO. UPON SIGNING THIS FORM, THE APPLICANT AGREES TO INSTALL THESE MINIMUM R-VALUES.

- 1) WALLS: ALL PERIMETER OPAQUE FRAMED WALLS..... R = 13
- 2) FOUNDATION WALLS: ALL CONCRETE/BLOCK WALLS OF CONDITIONED SPACES R = 10
- 3) ROOF / CEILINGS: ALL OPAQUE FRAMED ROOFS / CEILINGS..... R = 38
- 4) FLOORS: ALL FLOORS OVER UNCONDITIONED/OUTSIDE SPACES..... R = 19
- 5) SLAB ON GRADE: ALL SLABS NOT PROTECTED FROM FROST (FROM TOP OF SLAB, DOWN 24")..... R = 10
- 6) SUPPLY AND RETURN DUCTS (UNLESS OTHERWISE NOTED ON THE DRAWINGS)..... R = 8

13 MECHANICAL INFORMATION: (MARK ALL THAT APPLY BELOW) ALL HEATING EQUIPMENT SHALL BE SIZED TO ACHIEVE AND MAINTAIN AN INSIDE TEMPERATURE OF 68° F AT 36 INCHES ABOVE THE FLOOR IN ALL HABITABLE ROOMS WHEN THE OUTSIDE TEMPERATURE IS 7° F.

A. TYPE OF SYSTEM: NEW EXISTING GEO-THERMAL TRADITIONAL **B. FUEL TYPE:** NAT. GAS LP. GAS ELECT. OTHER _____

C. FURNACE:

1) SEALED UNIT: YES NO	2) SEALED UNIT: YES NO	3) SEALED UNIT: YES NO	D. WATER HEATER: (Circle) Electric or Gas
INPUT _____ Btu	INPUT _____ Btu	INPUT _____ Btu	1) INPUT _____ Btu
OUTPUT _____ Btu	OUTPUT _____ Btu	OUTPUT _____ Btu	2) INPUT _____ Btu
COOLING _____ Btu	COOLING _____ Btu	COOLING _____ Btu	

OFFICE USE ONLY							
INDOOR COMBUST. AIR: MIN. _____ SQ. FT.	MIN. _____ SQ. FT.	MIN. _____ SQ. FT.	1) MIN. _____ SQ. FT.				
OUTDOOR COMBUST. AIR: MIN. _____ INCHES	MIN. _____ INCHES	MIN. _____ INCHES	MIN. _____ INCHES				
SUPPLY & RETURN (EA): MIN. _____ SQ. IN.	MIN. _____ SQ. IN.	MIN. _____ SQ. IN.	2) MIN. _____ SQ. FT.				
(ALL AREA FIGURES BASED ON 7'-9 1/2" CEILING HEIGHT)							
TOTAL INDOOR COMBUSTION AIR: MIN. _____ SQ. FT.	TOTAL OUTDOOR COMBUSTION AIR: MIN. DIAMETER _____ INCHES						

The owner of this building and undersigned, do hereby covenant and agree to comply with all of the laws of the State of Ohio and with 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 _____
 DO NOT WRITE BELOW THIS LINE

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

ZONING APPROVED BY: _____ **DATE** _____

DATE PERMIT ISSUED _____	PERMIT NUMBER _____	TOTAL PERMIT FEE _____	LESS PRE-PAYMENT AMOUNT DUE _____
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HAMILTON COUNTY, OHIO

DEPARTMENT OF BUILDING INSPECTIONS

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

APPLICATION NO.

DO NOT WRITE IN THIS SPACE

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					
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 EST. START DATE:** _____ **9 EST. COMPLETION DATE:** _____
(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