

**HAMILTON COUNTY, OHIO
PLANNING & DEVELOPMENT DEPARTMENT**

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

(513) 946-4550

(FAX) 946-4511

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|---|
| 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 |
|--------------|------|------|------|

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) | | | | | MIN. _____ INCHES | | |
| 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 _____ |
|--------------------------|---------------------|------------------------|-----------------------------------|