

# VILLAGE OF SILVERTON

6943 Montgomery Rd., Silverton, OH 45236

Phone (513) 936-6240 Fax (513) 936-6247

## BUILDING/ZONING APPLICATION

FOR INFORMATION CALL National Inspection Corporation: 1-888-433-4642

(CHECK ONE) RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ EST. PROJECT COST: \$ \_\_\_\_\_ TOT. SQ. FEET: \_\_\_\_\_ LOT #: \_\_\_\_\_

\*SITE ADDRESS\*: \_\_\_\_\_ TENANT'S NAME \_\_\_\_\_

\*PROJECT DESCRIPTION\*: \_\_\_\_\_

PLEASE PRINT	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER & EMAIL
PROPERTY OWNER				
GENERAL CONTRACTOR				
HVAC-ELEC CONTRACTOR (If applicable)				
ARCHITECT (If applicable)				

**CHECK PERMIT TYPES REQUESTED:** *(Check all that apply)*

BUILDING \_\_\_\_\_ HVAC \_\_\_\_\_ ELEC \_\_\_\_\_ CHANGE OF USE / OCCUPANCY \_\_\_\_\_ SIGN \_\_\_\_\_ ZONING: \_\_\_\_\_  
 NEW CONSTRUCTION \_\_\_\_\_ ADDITION \_\_\_\_\_ ALTERATION / REMODEL \_\_\_\_\_ ACCESSORY STRUCTURE / POOL \_\_\_\_\_  
 FIRE SPRINKLER SYSTEM: \_\_\_\_\_ FIRE ALARM SYSTEM: \_\_\_\_\_ KITCHEN EXHAUST HOOD: \_\_\_\_\_ OTHER \_\_\_\_\_

**2 RESIDENTIAL OR 4 COMMERCIAL SITE AND BUILDING PLANS ATTACHED?:** \_\_\_\_\_

**COMMERCIAL ONLY:.....USE GROUP:** \_\_\_\_\_ **CONSTRUCTION TYPE:** \_\_\_\_\_ **OCCUPANT LOAD:** \_\_\_\_\_

The Applicant being the Owner or Owner's Agent has submitted construction plans, specifications, and plot plans that are incorporated into and made part of this application. In consideration of the granting of the permit hereby requested, the Applicant agrees to ensure the related work is completed in accordance with the terms of the permit and applicable State and local laws and regulations. The Applicant acknowledges it is the responsibility of the Applicant to verify and comply with all easements, rights of way and plat covenants and restrictions of record affecting the said property. Applicant will notify the Building Inspector upon start of construction, call for required inspections and will not use or occupy the structure until a Certificate of Occupancy or Completion (full or conditional) has been issued by the Building Inspector.

I certify that I have examined this application and all information in this application is true and correct.

\*APPLICANT'S NAME\* (PLEASE PRINT): \_\_\_\_\_ \*PHONE\*: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ FAX: \_\_\_\_\_

\*APPLICANT'S SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

DEPOSIT \$ \_\_\_\_\_ DATE: \_\_\_\_\_ REC'D BY \_\_\_\_\_ REFERENCE \_\_\_\_\_

APPROVED (BLDG DEPT) \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED (ZONING): \_\_\_\_\_ DATE: \_\_\_\_\_