VILLAGE OF SILVERTON

6943 Montgomery Rd., Silverton, OH 45236 Phone (513) 936-6240

BUILDING/ZONING APPLICATION

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

| | (CHECK ONE) | RESIDENTIAL:_ | COMMERCI | AL: | |
|---|-------------|------------------|---------------------|-----------------------------|--|
| APPLICATION DA | ATE: EST. | PROJECT COST: \$ | TOT. SQ. I | FEET: LOT #: | |
| *SITE ADDRESS*:TENANT'S | | | AME | | |
| *PROJECT DESCRIPTION*: | | | | | |
| PLEASE PRINT | NAME | STREET ADDRE | ESS CITY, STAT | E, 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?: | | | | | |
| 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: | |
| ************************************** | | | | | |
| DEPOSIT \$ | DATE | :: | REC'D BY | REFERENCE | |
| APPROVED (BI | LDG DEPT) | DATE: | _APPROVED (ZONING): | DATE: | |