

**CITY OF CHEVIOT**  
**APPLICATION FOR RESUBMITTALS**

FOR INFORMATION CALL: 1-888-433-4642

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

DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ SUITE# \_\_\_\_\_

TENANT'S NAME (Commercial Properties) \_\_\_\_\_

PROJECT DESCRIPTION: (SEE BELOW) \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

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

\_\_\_\_\_ **CORRECTIONS / ADD'L INFO** REQUESTED FOR PLANS UNDER REVIEW

\_\_\_\_\_ **REVISIONS** TO APPROVED PLANS FOR PERMIT # \_\_\_\_\_

\_\_\_\_\_ **OTHER** (PLEASE DESCRIBE) \_\_\_\_\_

PLEASE ATTACH 3 SETS RESIDENTIAL OR 4 SETS COMMERCIAL

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

EMAIL ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

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

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

DEPOSIT \$ \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ REFERENCE \_\_\_\_\_

APPROVED / NOT APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_ ZONING: \_\_\_\_\_ DATE: \_\_\_\_\_