

# Building Permit Application

For more information:

(513) 661-2700

www.cheviot.org



## City of Cheviot

3814 Harrison Avenue

Cheviot, OH 45211

Site Address: \_\_\_\_\_

Please Print	Name	Street Address	City, State & Zip	Phone and Email <small>(review information will be sent via email)</small>
Property Owner				
General Contractor				
HVAC Contractor				
Applicant				

**Check Permit Types Requested:** (Check all that apply)

- |   |                                   |   |                                     |   |
|---|-----------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Building         | <input type="checkbox"/> HVAC     | <input type="checkbox"/> Change of Use/ Occupancy | <input type="checkbox"/> Sign       | <input type="checkbox"/> Retaining Wall       |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration/Remodel       | <input type="checkbox"/> Repair     | <input type="checkbox"/> Garage/ Shed         |
| <input type="checkbox"/> Pool             | <input type="checkbox"/> Fence    | <input type="checkbox"/> Suppression              | <input type="checkbox"/> Fire alarm | <input type="checkbox"/> Kitchen Hood Exhaust |
|   |                                   |   |                                     | <input type="checkbox"/> Other                |

Residential

Commercial – Use Group(s) \_\_\_\_\_ Construction Type \_\_\_\_\_ Occupant Load \_\_\_\_\_

Total sq. ft. \_\_\_\_\_ Estimated Project Cost \$ \_\_\_\_\_

Brief description of work to be performed: \_\_\_\_\_

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

Applicant's name (Please print) \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

~~~~~Office use only~~~~~

Date received: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Approval: \_\_\_\_\_ Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Fees: \$ \_\_\_\_\_ Ohio surcharge: \$ \_\_\_\_\_ Total fee: \$ \_\_\_\_\_