

# CITY OF NORWOOD

Permit No. \_\_\_\_\_

4645 Montgomery Road, Norwood, Ohio 45212

Phone 513-458-4510 Fax 513-458-4511

## BUILDING/ZONING PERMIT APPLICATION

Associated BP # \_\_\_\_\_

1. STREET ADDRESS & SUITE #: \_\_\_\_\_ (Name of Business) \_\_\_\_\_

2. ZONING: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

3.  Residential Property (RCO)  Commercial Property (OBC)

|            | NAME | STREET ADDRESS | CITY | STATE | ZIP | PHONE/FAX |
|------------|------|----------------|------|-------|-----|-----------|
| OWNER      |      |                |      |       |     |           |
| CONTRACTOR |      |                |      |       |     |           |
| PLANS BY   |      |                |      |       |     |           |

### 4. TYPE OF IMPROVEMENT

- New Building
- Alteration
- Addition
- Repair/Replacement
- Change of Use
- Change of Occupancy
- Fire Alarm
- Fire Suppression
- Garage
- Hood System
- HVAC # of Units: \_\_\_\_\_
  - \_\_\_\_\_ Furnace
  - \_\_\_\_\_ Commercial
  - \_\_\_\_\_ Replacement
  - \_\_\_\_\_ Electric
  - \_\_\_\_\_ New System; drawings & specs required
- Deck
- Pool (Above-Ground)
- Pool (In-Ground)
- Fence
- Shed
- Sign ID: \_\_\_\_\_ SQ FT: \_\_\_\_\_
- Wrecking/Moving
- Other (specify) \_\_\_\_\_

5. DESCRIPTION OF WORK: \_\_\_\_\_

6. COST: Estimate cost of construction/improvement for which this application is being made: \$ \_\_\_\_\_

### 7. USE OF THIS BUILDING AND PREMISES:

Existing Use: \_\_\_\_\_  Proposed Use: \_\_\_\_\_

8. TOTAL FLOOR AREA FOR NEW BUILDINGS/GARAGES/SHEDS/ADDITIONS/DECKS: \_\_\_\_\_

The owner of this building and undersigned, do hereby covenant and agree with all the laws of the State of Ohio and the ordinances of the City of Norwood pertaining to building(s), and to construct the proposed building(s) or structure(s) or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications to the best of their knowledge, true and correct.

Application by \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Agent's Name (Print & Sign) (phone number)

### DO NOT WRITE BELOW THIS LINE (Office Use Only)

Required Review/upfront Fee \$ \_\_\_\_\_

Permit or Zoning Fee \$ \_\_\_\_\_

Fine \$ \_\_\_\_\_

OBC 3% (Commercial) \$ \_\_\_\_\_

RCO 1% (Residential) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Balance Due** \$ \_\_\_\_\_

Payment: Cash Check Credit Card Receipt # \_\_\_\_\_

Plans Examiner Approval: \_\_\_\_\_ Date Plans Approved: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Use Group: \_\_\_\_\_

Building/Zoning Official Approval \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_