



PERMIT APPLICATION

City of Englewood 333 W. National Rd., Englewood, OH 45322
Phone (937) 836-5106 Fax (937) 836-7426



ZONING APPROVED:

(C.B.O.) DATE:

APPROVED:

1. PROJECT LOCATION

Address _____

2. PROPERTY OWNER

Phone # _____ Fax # _____

Contact Person _____

Address _____

City, State, Zip _____

E-mail _____

3. OCCUPANT/TENANT

Phone # _____ Fax _____

Contact Person _____

E-mail _____

4. APPLICANT

Phone # _____ Fax _____

Contact Person _____

Company _____

Address _____

City, State, Zip _____

E-mail _____

5. GENERAL CONTRACTOR

Phone# _____ Fax _____

Contact Person _____

Company _____

Address _____

City, State, Zip _____

E-mail _____

6. Designer

Phone # _____ Fax _____

Contact Person _____

E-mail _____

I certify that I have examined this application and that all information contained herein, front and back, is true and correct and that I understand and agree to its terms and conditions

APPLICANT'S SIGNATURE

DATE

7. TYPE: RESIDENTIAL
 COMMERCIAL
 ZONING

APPLICATION #

Amt:

Ck#

8. PROJECT DESCRIPTION

Sq.Ft. _____ Cost _____

Use Group - Existing _____ Proposed _____

Occupant Load _____ Construction Type _____

9. PERMIT/PLAN REVIEW REQUEST (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Sign (complete sec. 10) |
| <input type="checkbox"/> Building | <input type="checkbox"/> Temp. Sign (complete sec. 10) |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Temp. Sales |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Street/Curb Cut |
| <input type="checkbox"/> Footer/Foundation Only | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Water/Sewer |
| <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> Hot Tub/Spa | <input type="checkbox"/> Fire Damage |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Fire Sprinkler/ Suppression |
| <input type="checkbox"/> Occupancy | <input type="checkbox"/> Kitchen Exhaust Hood |
| <input type="checkbox"/> Patio/Porch Cover | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Patio/Porch Enclosure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shed | |
| <input type="checkbox"/> Swimming Pool | |

10. Signs/Temp. Signs

Lot Street Frontage _____

Building Street Frontage _____

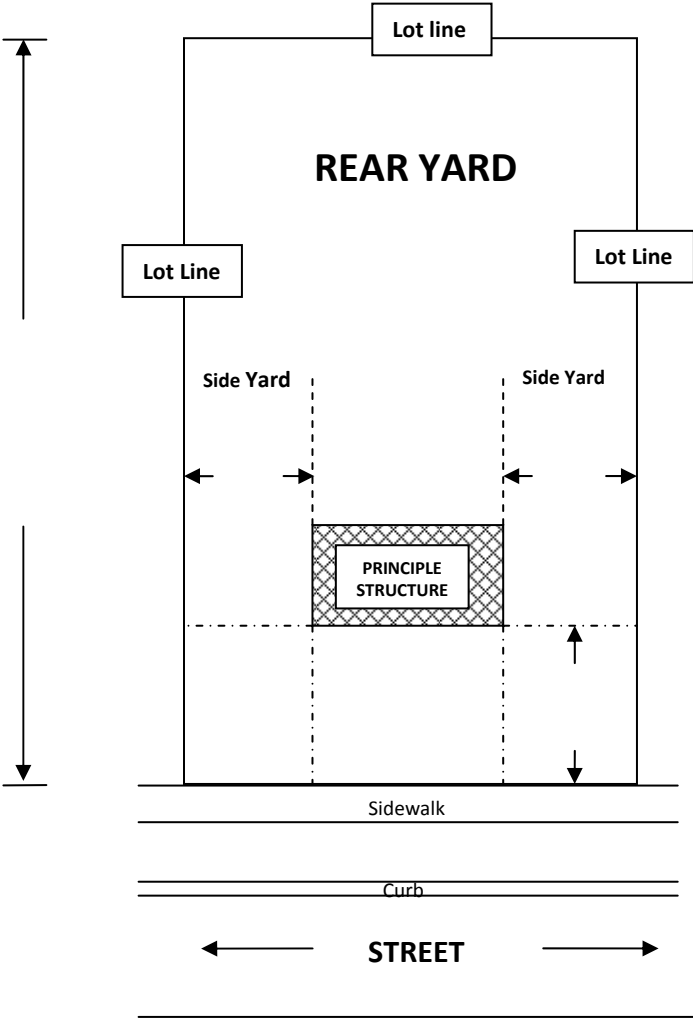
Existing Signs _____

Setback from Right of Way _____

See reverse side

Is this a corner lot? Yes No

ON THE DIAGRAM BELOW SHOW THE LOCATION OF THE PROJECT,
THE DIMENSIONS INDICATED BY THE ARROWS AND ANY OTHER INFORMATION
PERTINENT TO THIS PERMIT



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, schedule 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. I hereby certify that the proposed work is authorized by the Owner of Record, that I have been authorized by the Owner to make this application as his Agent.

Applicant Signature

Date

OFFICE USE ONLY

Fee: _____	Zoning Official: _____	Date: _____	Start Date: _____
Permit#: _____	Type of Sign: _____	Business: _____	
Type of Bond: CASH	Applicant's Name and Address: _____		
Release Bond: _____	Forfeit Bond: _____	Date: _____	Approved for Release By: _____