

CITY OF NORWOOD

4645 Montgomery Road, Norwood, Ohio 45212

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

Permit No. _____

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 | ☐ Garage | ☐ Deck |
| ☐ Alteration | ☐ Hood System | ☐ Pool (Above-Ground) |
| ☐ Addition | ☐ HVAC # of Units: _____ | ☐ Pool (In-Ground) |
| ☐ Repair/Replacement | ____Furnace ____Air Conditioner | ☐ Fence |
| ☐ Change of Use | ____Commercial ____Residential | ☐ Shed |
| ☐ Change of Occupancy | ____Replacement ____New | ☐ Sign ID:____ SQ FT: _____ |
| ☐ Fire Alarm | ____Electric ____Gas ____Oil | ☐ Wrecking/Moving |
| ☐ Fire Suppression | ____New System; drawings & specs required | ☐ Other (specify) _____ |
| ____Sprinkler ____Hood | | |

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: _____