

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 (review information will be sent via email)
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: \$ \_\_\_\_\_