

Village of Newtown

Building and Zoning Permit Application

3537 Church Street Newtown, Ohio 45244
 Phone: (513) 561-7097 Fax: (513) 561-7555
 www.newtownohio.gov

Permit Number

Complete in Ink Please Print

1. Street Address: _____

2. Zoning: _____ Occupancy: _____ Book, Page & Parcel: _____

3. Residential (RCO) Commercial (OBC)

	NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE/FAX
Owner						
Contractor						
Plans By						

4. Type of Improvement

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Additions
<input type="checkbox"/> Alterations
<input type="checkbox"/> Change of Use
<input type="checkbox"/> New Building
<input type="checkbox"/> Repairs, Replacement
<input type="checkbox"/> Change of Occupancy
<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Fire Suppression
___ Sprinkler ___ Hood
___ Stand Pipes | <input type="checkbox"/> Garage
<input type="checkbox"/> Hood System
<input type="checkbox"/> HVAC
___ Furnace ___ Air Conditioner
___ Commercial ___ Residential
___ Replacement ___ New
___ Electric ___ Gas ___ Oil | <input type="checkbox"/> Deck
<input type="checkbox"/> Pool (Above Ground)
<input type="checkbox"/> Pool (In Ground)
<input type="checkbox"/> Fence
<input type="checkbox"/> Shed
<input type="checkbox"/> Sign
<input type="checkbox"/> Wrecking
<input type="checkbox"/> Excavation/ Fill
<input type="checkbox"/> Other (Specify) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5. Description of Work: _____

Dimension: Width: _____ Length: _____ Height: _____ Depth: _____

Signs: Wall Sign: ___, Ground Sign: ___, Type of Illumination? _____

Other: _____

6. Total Floor Area For New Buildings/ Garages/ Sheds/ Additions/ Decks: _____

7. Use Of This Building And Premises: Existing Use: _____ Proposed Use: _____

8. Cost Of Labor And Material For This Application: \$ _____

The owner or agent of this building and undersigned does hereby certify that the information and statements given on the Application, drawings and specifications are to the best of their knowledge true and correct. 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 Village of Newtown 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.

Applicant by: _____ Date _____
 Owner or Agents Name (Print) (Sign)

Official Use Only Below This Line

Route To: _____ Processing Fee/ Upfront Fee: \$ _____

(Over)

Office Use Only

Required Review/ Upfront Fee \$ _____

Permit Fee \$ _____

OBC 3% (Commercial) \$ _____

RCO 1% (Residential) \$ _____

Zoning (Commercial) \$ _____

Zoning (Residential) \$ _____

Total \$ _____

Balance Due \$ _____

Payment ___ Cash ___ Check **Receipt** _____

Special Instruction:

Soil Inspection Required ___ Yes ___ No

Fire Stopping Inspection Required ___ Yes ___ No

Flood Zone Elevation Certificate Required ___ Yes ___ No

Floodway Fringe ___ Yes ___ No

Base Flood Elevation _____

Map Panel and Date _____

Statement of Special Inspection Required ___ Yes ___ No

Other: _____

Plan Examiner Approval: _____ **Date Approved:** _____

Building/ Zoning Official Approval: _____ **Date Approved:** _____