

City of Germantown
1 North Plum Street, Germantown, Ohio 45327
Phone (937) 855-7255 Fax 855-3215
http://www.germantown.oh.us
BUILDING/ELECTRICAL PERMIT APPLICATION
FOR INFORMATION CALL: 888-433-4642

(CHECK ONE) RESIDENTIAL ___ COMMERCIAL ___ SUBMIT 2 RESIDENTIAL 3 COMMERCIAL BUILDING PLANS

PLEASE PRINT	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER & EMAIL
PROPERTY OWNER				
APPLICANT				
PLANS BY				
CONTRACTOR				

SITE ADDRESS _____ Tenant _____

PARCEL ID NO. _____ AFFECTED CONSTRUCTION AREA SQ. FT _____

PROJECT DESCRIPTION _____ PROJECT COST _____

---COMMERCIAL ONLY--- USE GROUP _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____

REVIEW REQUESTED: CHECK ALL THAT APPLY

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Garage | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Addition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Pool (In Ground) |
| <input type="checkbox"/> Deck _____ Sq. ft. | <input type="checkbox"/> Gas Line | <input type="checkbox"/> Hood Exhaust | <input type="checkbox"/> Pool (Above Ground) |
| <input type="checkbox"/> Shed _____ Sq. ft. | <input type="checkbox"/> Fence | <input type="checkbox"/> Cert. of Occupancy | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Electrical Service Size _____ Line Drawing Required over 400 AMP | | | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Is property located in a Floodplain? Yes / No _____

All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building codes.

OWNER/OWNER REP. (PLEASE PRINT) _____ EMAIL _____

OWNER/OWNER REP. _____ APPLICATION DATE _____

Auditor Information: # Bedrooms _____ # Baths _____ # Stories _____ Livable Sq. Ft. _____ Finished Basement Sq. Ft. _____
 ***** OFFICE USE ONLY *****

DEPOSIT \$ _____ RECEIVED BY _____ PAYMENT: CASH CHECK CREDIT RECEIPT# _____

ZONING APPROVED _____ DATE _____

Is property located in a Floodplain? Yes / No _____

BUILDING APPROVED _____ DATE _____