



PLAN NUMBER: \_\_\_\_\_

THE CITY OF MT HEALTHY  
 ECONOMIC DEVELOPMENT  
 BUILDING AND PLANNING  
 7700 Perry Street  
 Mt. Healthy, Ohio 45231  
 513-931-8840 x 145  
 513-728-3182  
 www.mthealthy.org

# BUILDING PERMIT APPLICATION

\*Residential  \* Commercial

Project Address (Please Print in Blue or Black Ink Only)		Floor / Suite / Unit / Bldg. / Lot
Owner - Name	Phone	Email
Address/ City / State / Zip Code		
Contractor - Name	Phone	Email
Address/ City / State / Zip Code		
Architect - Name	Phone	Email
Address/ City / State / Zip Code		
Current Use	Proposed Use	Business Name

**TYPE OF IMPROVEMENT: PLEASE MARK**

NEW CONSTRUCTION	FIRE ALARM	HVAC	ACCESSORY BUILDING	TENT
ADDITION	FIRE SUPPRESSION	GAS LINE	MODULAR BUILDING	DEMOLITION
ALTERATION	KITCHEN HOOD	RE-ROOF	DECK	SIDING/GUTTERS
NEW SIGN	HOOD SUPPRESSION	DAMAGE/REPAIR	INGROUND POOL	OTHER

BUILDING CONSTRUCTION COST	DESCRIBE IMPROVEMENT
A. Building Structure	
B. Electric	
C. Plumbing	
D. Heating & Air	
E. Suppression, Fire Alarm	
F. Miscellaneous	
G. Foundation only	
<i>Total Project Cost:</i>	

**I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent to conform to all applicable laws of this jurisdiction.**

PLEASE PRINT NAME:	<i>Signature of Applicant</i>	<i>Date:</i>
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**\* VALIDATION – FOR DEPARTMENT USE ONLY \***

Issue date _____ Use Group _____ Const. Type _____ Approved By _____ Zoning District _____  Officials Approval _____ Date: _____	Approval Fee _____ Plan Review Fee _____ Fire Dept. Review Fee _____ Sub Total _____ 1% RES / 3% COMM _____ Total Fees _____ Less Application Fee _____ <b>Total Due</b> _____
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