

VILLAGE OF CLEVES
DEPARTMENT OF BUILDING COMMISSIONER
NEW BUILDING, ADDITION, ALTERATION, REPAIR, DEMOLITION

PLAN NUMBER _____

APPLICANT – COMPLETE ALL APPLICABLE SPACES ON THIS FORM.

ADDRESS: _____

IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE
OWNER						
CONTRACTOR						
PLANS BY						

TYPE OF IMPROVEMENT

- New building
- Addition
- Alteration
- Repair, replacement
- Demolition
- Fence
- Accessory building
- Car port
- Swimming pool
- Satellite dish
- Sign
- Tank, tower
- Other _____

(specify)

Describe proposed work: _____

TYPE OF USE

- Single family dwelling
- Hotel, motel
- Amusement, recreation
- Place of assembly
- Church, other religious building
- Industrial, storage building
- Service station, repair garage
- Hospital, nursing home
- Office, bank, profession building
- Public work, utility building
- School, college, educational building
- Retail store, restaurant

OWNERSHIP

- Private
- Public (federal, state, local)

ESTIMATED COST _____

State in detail all existing & proposed uses of this building .

COMPLETE ALL ITEMS IN THIS SECTION FOR NEW BUILDINGS & ADDITIONS ONLY

PRINCIPAL TYPE OF FRAME

- Masonry (wall bearing)
- Structural steel
- Wood frame
- Reinforced concrete
- Masonry veneer
- Other _____

TYPE OF HEATING FUEL

- Gas
- Oil
- Coal
- Electricity
- Other _____

TYPE OF WATER SUPPLY

- Public
- Private (well, cistern)

FOR RESIDENTIAL BUILDINGS ONLY

Number of bedrooms _____
 Number of bathrooms _____
 Number of off street parking spaces _____

TYPE OF SEWAGE DISPOSAL

- Public sewer
- Private system (septic tan, etc.)

Is there central air conditioning in this building?
 Yes No

Is there an elevator in this building?
 Yes No

FOR NON-RESIDENTIAL BUILDINGS ONLY

Number of off street parking spaces
 Enclosed _____ Outdoors _____

THE OWNER OF THIS BUILDING AND UNDERSIGNED, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL THE LAWS OF THE STATE OF OHIO AND THE RESOLUTIONS OF THE VILLAGE OF CLEVES PERTAINING TO BUILDING AND BUILDINGS, AND TO CONSTRUCT THE PROPOSED BUILDING OR STRUCTURE 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 ARE, TO THE BEST OF THEIR KNOWLEDGE, TRUE AND CORRECT.

Application by: _____ Date: _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE)

Number of Stories: _____ Floor Area: _____ Total Volume (cubic feet) : _____ Total land area _____ (approximate in sq. feet)

OBBC Type of Construction: _____ Use Group: _____

Plans Examiner: _____ Date: _____

Date permit issued: _____ Permit number: _____ Permit & inspection fee: \$ _____