



**2019 Permit Application: Building / Electrical / Mechanical / Zoning / Sign**

Additional info: [www.BlueAsh.com/Departments/Community\\_Development/Permits](http://www.BlueAsh.com/Departments/Community_Development/Permits) or 513-745-8520

Community Development • 4343 Cooper Road • Blue Ash, Ohio 45242 • email: [cdpermits@blueash.com](mailto:cdpermits@blueash.com)

To Zoning: \_\_\_\_\_ Zoning Approved? \_\_\_\_\_  
 To Building: \_\_\_\_\_ YES  NO

Residential Est. Project Cost \$ \_\_\_\_\_  
 Commercial TOTAL BLDG. SQ. FT. \_\_\_\_\_

OFFICE USE ONLY

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**BA** -

Demolition Site Address \_\_\_\_\_ Suite \_\_\_\_\_

Commercial Tenant \_\_\_\_\_  new  existing

Type of Structure \_\_\_\_\_

cc: FD (w/plan)  ED  Eng.

	PROPERTY OWNER	APPLICANT	CONTRACTOR
Company			
Contact			
Street Address			
City, State, & Zip			
Phone Number			
Email			

Acknowledge the following:

	SIGNATURE	DATE
<b>Water / Sewer</b> (Verify shut-offs)		
<b>Electric</b> (Verify shut-off, meter removed and disconnected from structure)		
<b>Gas</b> (Verify shut-off, meter removed and disconnected from structure)		
<b>Clearing</b> (All building materials removed from site immediately following demolition.)		
<b>Grading</b> (Site filled and graded to a smooth surface that does not hold stormwater.)		
<b>Asbestos Report</b> (ALL COMMERCIAL STRUCTURES) Assessment form must be returned with this application	ATTACHED	

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, zoning, and other governing codes.

Applicant Name (Owner Rep.) (print) \_\_\_\_\_ Email \_\_\_\_\_

Phone (one # only) \_\_\_\_\_  cell  office  home

Signature of Applicant /Owner Rep. \_\_\_\_\_ Application Date \_\_\_\_\_

<b>2019 v.2</b> CASH ___ VS ___ MC ___ CK# _____	OFFICE USE ONLY	PICKED UP BY: _____ DATE: _____ BAL PAID w/ : _____
Deposit \$ _____ Rec'd By _____ OBBS Fee \$ _____ Total \$ _____ Balance Due \$ _____		
Building Approved _____ Date _____ Zoning Approved _____ Date _____		