



2019 Subsequent Submittal Application

Additional info: www.BlueAsh.com/Departments/Community_Development/Permits or 513-745-8520

Community Development • 4343 Cooper Road • Blue Ash, Ohio 45242 • email: cdpermits@blueash.com

To Zoning: _____	Zoning Approved?
To Building: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

- Residential (2 plan sets)
- Commercial (3 plan sets; 2 for signs)
PLANS MUST BE STAPLED IN SETS

Site Address _____ Suite _____

Commercial Tenant _____

Description of Changes: _____

OFFICE USE ONLY
BA -

cc: FD (w/plan) ED Eng.

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

Check One:

<p>_____ CORRECTIONS / ADD'L INFO – requested by Plans Examiner for plans under review</p> <p>_____ AMENDMENTS – changes by applicant to plans currently in plan review</p> <p>_____ REVISIONS to approved plans for Permit # _____ (required)</p>

Type of Permit:

New Building
Addition
Alteration/Remodel
Change of Use/Occupancy
HVAC ²

Fire Suppression ³
Fire Alarm ³
Kitchen Exhaust Hood
Hood Suppression ³
Electric ²

Sign ³
Accessory Structure/Pool
Deck
Fence
Other _____

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 _____

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