

CITY OF MIDDLETOWN
DIVISION OF BUILDING INSPECTION
ONE DONHAM PLAZA
MIDDLETOWN, OH 45042
513-425-7973 FAX: 513-425-7921
www.cityofmiddletown.org

BUILDING

COMMERCIAL / INDUSTRIAL

USE GROUP

Complete all sections below. Please Print

Application Date: _____ Project No. _____
(Office Use Only)

Job Address _____

Owner _____ Occupant _____

Owner's Address _____ Owner's Phone No. _____

Describe project: _____

Type of Work: New Building Addition Alteration Other _____

Estimated Project Cost: \$ _____ Length _____ Width _____ Area _____ sq. ft. Stories _____ Height _____

Food or Beverage Sold: Yes No

Cooked Pre-packaged

Liquor: Yes No

Adult Entertainment: Yes No

Architect/Engineer:

Name _____

Address _____

City, State Zip _____

Phone _____

Water Service: New Existing City County Well/Cistern Tap required? Yes No If Yes, Size _____

(new or change only): Water Service Line Size _____ Master Meter Size _____ Sprinkler Meter Size _____

Water Meter Location: _____ Sewer Service: City County Septic Tank, etc.

Will there be a fire line? Yes No New Existing If New: Fire Line Size _____ Fire Line Meter Size _____

Is tap required for fire line? Yes No If Yes, Size _____

CONTRACTOR:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

PLEASE READ AND SIGN

I, the undersigned do hereby affirm: The above statements are true and correct and also agree to comply with the provision of the ordinances of the City of Middletown. I will comply with all conditions of the permit once issued. The proposed work is authorized by the owner in fee and I have the authorization to make this application. Upon notification of approval, permit fee must be paid and permit obtained within thirty (30) days, or application will be canceled. The information requested on this application may be relied upon by the City in considering the permit. Any false statement made knowingly may be grounds for criminal action under state and local law: Ohio Revised Code §2921.13, Middletown Codified Ordinance § 606.10

Owner

Owner Representative

Contractor _____

(Please print name)

(Signature)

PLEASE NOTE: This application will expire 12 months after plan approval if permit is not issued, or 12 months after application date if plans are not approved.

Person to notify for plan review or when permit is ready: _____

Address: _____ Phone: _____