



# APPLICATION FOR PERMIT

Please fill in all areas pertaining to your phase of work. Mail or FAX to the City.  
Fees will be calculated for you. You will be notified by phone, FAX, or mail of the total fee.

300 E Central Avenue  
West Carrollton, OH 45449  
Phone: 937-859-5184  
FAX: 937-859-3366  
[www.westcarrollton.org](http://www.westcarrollton.org)

<b>Construction Address:</b>	
<b>Cost of Construction:</b>	<b>Date:</b>

<b>Property Owners Name:</b>		<b>Property Owners Address:</b>	
<b>Occupants Name:</b>		<b>City-State-ZIP:</b>	
<b>Business Owner's Name:</b>		<b>Phone:</b>	
<b>Contractor:</b>		<b>Design Professional:</b>	
<b>Contractor License Number:</b>		<b>Address:</b>	
<b>Address:</b>		<b>City-State-Zip:</b>	
<b>City-State-Zip:</b>		<b>Phone #:</b>	<b>FAX #:</b>
<b>Phone#:</b>	<b>FAX #:</b>	<b>Applicant Email:</b>	
<b>Type of Repair/Remodeling/Upgrade/Construction to be Done:</b>			Use Group _____ Const. Type _____ Occ. Load _____ Area _____

## PERMIT(S) REQUESTED

BUILDING	NO. OF	ELECTRIC	NO. OF	HVAC	NO. OF	GAS PIPING	NO. OF
Building		Minimum		Furnace/Unit Ht.		No. of Meters	
Storage Bldg.		Final Electric		Air Condition		No. of Openings	
Occupancy		Service/Change		Ducts Only			
Fence		Reconnect		Air Cleaners		<b>SIGNS</b>	<b>SQ. FT.</b>
Swimming Pool		Temporary Pole				Wall Signs	
Excavation		Pre-Heat or Rough		<i>Furnace BTU's</i>		Pole Signs	
TV/Antenna		2-Wire Circuit		<i>A/C Tons</i>		Temp Sign	
Demolition - Need Verification of Utility Disconnect		3-Wire Circuit					
		Furnace & A/C Circuit		<i>Water Service</i>			
		Pool Electric		Meter Size			
Fireplace		Special Inspection		Water Tap			
Reinspection		Siding		Sewer Tap			
<i>Bldg Area</i>		<i>Service Cable Size</i>			<i>Process Fee</i>	\$	
<i>Bldg. Width</i>		<i>Service Volts</i>			<i>Commercial 3% State Fee:</i>	\$	
<i>Bldg. Length</i>		<i>Service Amps</i>			<i>Residential 1% State Fee</i>	\$	
<i>Bldg. Height</i>		<i>No. of Meters</i>			<i>Total Permit Fee:</i>	\$	

**YOUR PERMIT FEE WILL BE CALCULATED FOR YOU. DO NOT CALCULATE THE FEES YOURSELF. IT MAY BE INCORRECT THEREBY CAUSING A DELAY IN ISSUING YOUR PERMIT.**

ALL WORK MUST COMPLY WITH APPLICABLE CODES, ZONING REQUIREMENTS, AND EASEMENTS. PLEASE NOTE ALL PERMITS EXPIRE SIX (6) MONTHS FROM DATE ISSUED.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
 Owner:  Contractor:  Owner Rep.

I, the undersigned, do hereby affirm that the statements are true and correct and also agree to comply with the provision of the ordinances of the City of West Carrollton. 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 with thirty (30) days, or the application will be canceled.