The Village of
Golf Manor OHIO
6450 Wiehe Road • Golf Manor, OH 45237-4216 • golfmanoroh.gov
FOR INFORMATION CALL: 888-433-4642 • FAX 937-433-0949

Building Permit Application

(Check One) Residential: ___ Commercial: ___

Application Date: __/__/__ Estimated Project Cost: $_____ Total Square Feet: _____ Lot #_____

Site Address: _____ Tenant's Name: _____

Project Description: _____

Please Print	Name	Street Address	City, State, Zip	Phone & Fax Numbers	Email Address
Property Owner					
General Contractor					
HVAC/ELECTRICAL CONTRACTOR (if applicable)					
Applicant					

CHECK PERMIT TYPES REQUESTED: *(Check all that apply)*

Building: ___ HVAC:___ Electric: ___ Change of Use/Occupancy: ___ Sign: ___ Zoning: ___ New Construction: ___ Addition: ___
Alteration/Remodel: ___ Accessory Structure/Pool: ___ Fire Sprinkler System: ___ Fire Alarm System: ___
Kitchen Exhaust Hood: ___ Other: ___

2 RESIDENTIAL OR 3 COMMERCIAL SITE & BUILDING PLANS ATTACHED? _____
COMMERCIAL ONLY: USE GROUP _____ CONSTRUCTION TYPE:_____ OCCUPANT LOAD: _____

The "applicant" being the Owner or Owner's Agent has submitted construction plans, specifications, and plot plans that are incorporated into and made part of this application. In consideration of the granting of the permit hereby requested, the applicant agrees to ensure the related work is completed in accordance with the terms of the permit and applicable State and local laws and regulations. The applicant acknowledges it is the responsibility of the applicant to verify and comply with all easements, rights of way and plat covenants and restrictions of record affecting the said property. Applicant will notify the Building Inspector upon start of construction, call for required inspections and will not use or occupy the structure until a Certificate of Occupancy or Completion (full or conditional) has been issued by the Building Inspector.
I certify that I have examined this application and all information in this application is true and correct.

Applicant's Name (Print): _____ Phone: _____

FAX: _____ Email Address: _____

Signature: **X**_____ Date: ___/___/___

OFFICE USE ONLY

DEPOSIT: $_____ RECEIVED BY: _____ REFERENCE: _____

APPROVED/NOT APPROVED: _____ DATE: ___/___/___ ZONING:_____ ---------- DATE: ___/___/___

©NIC 03-07

Great Village