

PREBLE COUNTY BUILDING DEPARTMENT
 101 East Main St., Eaton, OH 45320
Phone (937) 456-8171 Email: landusemgmt@prebco.org

BUILDING/ELECTRICAL PERMIT APPLICATION
FOR INFORMATION CALL: 1-888-433-4642

(CHECK ONE) RESIDENTIAL ___ COMMERCIAL ___ SUBMIT 3 RESIDENTIAL 4 COMMERCIAL BUILDING PLANS

PLEASE PRINT	NAME	CURRENT MAILING ADDRESS	CITY, STATE, ZIP	PHONE NUMBER & EMAIL
PROPERTY OWNER				
APPLICANT				
PLANS BY				
CONTRACTOR				

SITE ADDRESS _____ Tenant _____

PARCEL ID NO. _____ SQ. FT. TOTAL BLDG. AREA _____

BLDG. SQ. FT. AFFECTED BY CONSTRUCTION _____ PROJECT COST \$ _____

TWP / SECTION _____ VILLAGE _____ UTILITY(GAS/ELCTR) _____

PROJECT DESCRIPTION _____

---COMMERCIAL ONLY--- USE GROUP _____ CONSTRUCTION TYPE _____ OCCUPANT LOAD _____

REVIEW REQUESTED: CHECK ALL THAT APPLY

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Garage | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Addition | <input type="checkbox"/> HVAC | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Pool (In Ground) |
| <input type="checkbox"/> Deck _____ Sq. ft. | <input type="checkbox"/> Gas Line | <input type="checkbox"/> Hood Exhaust | <input type="checkbox"/> Pool (Above Ground) |
| <input type="checkbox"/> Shed _____ Sq. ft. | <input type="checkbox"/> Fence | <input type="checkbox"/> Cert. of Occupancy | <input type="checkbox"/> Temporary Pole |
| <input type="checkbox"/> Electrical Service Size _____ Line Drawing Required over 400 AMP | | | |
| <input type="checkbox"/> Other (specify) _____ | | Will plumbing be installed? _____ | |

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.

OWNER/ OWNER'S REP NAME (PLEASE PRINT) _____ EMAIL _____

OWNER/ OWNER'S REP SIGNATURE _____ APPLICATION DATE _____

Auditor Information: # Bedrooms _____ # Baths _____ # Stories _____ Livable Sq. Ft. _____ Finished Basement Sq. Ft. _____

***** OFFICE USE ONLY *****

DEPOSIT \$ _____ RECEIVED BY _____ PAYMENT: CASH CHECK CK# _____ RECEIPT# _____

ZONING APPROVED _____ DATE _____ Add'l Approvals Obtained

BUILDING APPROVED _____ DATE _____ Health Dept _____

Is property located in a Floodplain? Yes / No _____ Driveway _____

Rec. Deed _____

Variance _____