

BUILDING, ELECTRICAL & HVAC APPLICATION
406 JUSTICE DRIVE – ROOM 167
LEBANON, OH 45036
PH# (513) 695-1290 FAX# (513) 695-2984

PARCEL NO.: _____ BUILDING PERMIT CERTIFICATE NO: _____
(Call Auditor's Office 695-1235)

LOCATION/HOUSE NO: _____ SUITE NO.: _____

LOT NO.: _____ SUBDIVISION: _____ TOWNSHIP/VILLAGE: _____

Residential () Commercial () Project Name: _____

Job Description: _____

(Property Owner's Name/Address/Phone Number)

(Contractor's Name/Address/Phone Number)

(Electrician's Name/Address/Phone Number)

(Plans By/Name/Address/Phone Number)

(HVAC's Name/Address/Phone Number)

TYPE FOUNDATION ABOVE FOOTER: () Poured () Block () Pole
WITH: () Basement () Crawl Space () Slab

CULVERT: YES () NO () SEPTIC: YES () NO () FIREPLACE: () Pre-Fab () Masonry

IS THE BASEMENT A WALKOUT: () Yes () NO

SQ .FT. OF STRUCTURE: Unfinished Basement: _____ Finished Basement: _____ Deck _____
Attached Garage: _____ First Floor: _____
Detached Garage: _____ Second Floor: _____

ESTIMATED COST: \$ _____ (CITY OF LEBANON ONLY)

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the resolutions of the County of Warren, pertaining to building and buildings; and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith; and, I/We certify that the information and statements given on this application, drawings and specifications are, to the best of my/our knowledge, true and correct. **City of Lebanon fees are non-refundable.**

APPLICATION BY: _____ DATE: _____
(Owner/Agent Signature and Address)

****THIS PERMIT EXPIRES IN SIX (6) MONTHS IF NO INSPECTIONS HAVE BEEN MADE.****