



City of Fairfield

PERMIT APPLICATION SHEET

Building & Zoning Division
5350 Pleasant Ave
Fairfield, OH 45014
PH (513) 867-5318
FAX (513) 867-5310

OFFICE USE ONLY

PERMIT# _____
COST: _____
ZONING: _____
USE GROUP: _____

APPLICATION DATE: _____

JOB SITE ADDRESS: _____

PROPERTY OWNER/TENANT OR NAME OF BUSINESS: _____

ADDRESS(if different from job site address): _____

PHONE #: _____ CONTACT PERSON: _____

EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____ PHONE #: _____

CONTACT PERSON: _____ EMAIL: _____

PLEASE CHECK THE APPROPRIATE BOX(ES):

COMMERCIAL

RESIDENTIAL (1, 2 OR 3 FAMILY)

ELECTRICAL

- New Construction
- Temp. Pole
- Temp. Service
- Remodel/Rewire/Upgrade
- Pool/Hot Tub Wiring
- Pool Bonding (Inground)
- Sign Wiring
- Multi-Unit Structure

HVAC

- Heating Only
- Cooling Only
- Heating & Cooling
- Hood
- Misc. Equipment
- Multi-Unit Structure

GAS PIPING

FENCE

_____ HEIGHT

SHED

_____ SQ. FOOTAGE

DECK

POOL

ROOF

_____ # OF LAYERS

FIRE

- Alarm
- Sprinkler System
- Underground Fireline
- Hood Suppression

SIGNS

- Permanent
- Promotional
- Grand Opening
- TENT

CHANGE OF OCCUPANCY

DEMOLITION

OTHER (Please explain below)

DESCRIBE THE WORK THAT IS TO BE DONE: _____

COST OF IMPROVEMENTS: _____ SQ. FOOTAGE _____

PLEASE SEE REVERSE SIDE FOR MORE INFORMATION

FOR PROMOTIONAL SIGNS AND TENTS, PLEASE LIST STARTING AND ENDING DATES:

_____ THRU _____ _____ THRU _____
_____ THRU _____ _____ THRU _____
_____ THRU _____ _____ THRU _____

SQ. FOOTAGE OF SIGN/BANNER: _____

FOR ELECTRICAL PERMITS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Voltage: _____ Phase: _____ # of Main Disconnects: _____

Amps: _____ # of Meters: _____ Service Conductors: _____

Sets of Conductors: _____ Approved by: _____

FOR HVAC PERMITS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BTU/H Output: _____ Heat Loss/Gain: _____

Type of Fuel: _____ Approved by: _____

FOR GAS PIPING PERMITS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Number of Outlets: _____ Number of Meters: _____ Pipe Material: _____

Approved by: _____

FOR COMMERCIAL BUILDING PERMITS, PLEASE PROVIDE THE FOLLOWING:

Type of Construction: _____ Occupancy Load (OBBC Sect. 1008) _____

Sprinkler System Provided: _____ Total Floor Area: _____

Architect/Engineer Responsible for Plans: _____