MILFORD
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## **City of Milford Building, Electrical & Zoning Application**

745 Center St., Ste. 200, Milford OH 45150

Building and Zoning Application Processing:dhershey@milfordohio.orgBuilding Application/Permit Questions:Phone: (513) 248-5097Email: plans@natinspect.comZoning Application/Permit Questions:Phone: (513) 576-5468Email: ccelsor@milfordohio.org

Project Type (check one): Residential Commercial

Building Plans: (4) sets required (Residential or Commercial) New Construction: Site Grading Plan (WMSC) required

COMMERCIAL PERMITS ONLY: Use Group: Construction Type: Occupant Load:

PLEASE Name Name		Street Address		City, State, Zip	Phone Number & Email
Property Owner					
Applicant					
Plans By					
Contractor					
Project Address:			Tena	int:	
Parcel ID #:		Project Cost \$:		Sq. Ft.:	
Project Description (required):					
Application Review Requested (d	back all that apply)				
New Construction	Fence				□Gas Line
□Addition/Alteration	□HVAC	C Grie Suppres		sion	□Change of Use
□Roof/Re-roof	□Sign-Tempo				□Pool
Deck Sq. ft	⊡Sign-Wall/G				□Tent/Temporary Structure
□Shed Sq. ft	Relocation	cation		solidation	□WMSC (1 acre / 100cy disturbed)
□Garage	□Other				
Electrical - Service Size	_ **Line Drawing Required if service size is over 400 AMP**				
New Construction or Renovation	: Is property lo	ocated in a Floo	odplain? Yes / N	No *If Yes, <b>Flo</b> e	od Plain Permit required
Auditor Information: # Bedrooms:	nation: # Bedrooms: # Baths: # Stories: Livable Sq. Ft.: Finished Basement Sq. Ft.:				sement Sq. Ft.:
Please Sign Below: All information contained in this appropriate the project in compliance				est of my knowled	ge and I do hereby agree to
Owner/Owner Rep. (please print):	er Rep. (please print): E-mail:			il:	
Owner/Owner Rep. Signature:			Date:		
*****	******	*****	*****	******	******
Certificate Number:		Office (	Jse Only		
Date Zoning Approved:	Zoning Initials:			Zoning	District:
Date Engineering Approved:		Engineering Initials:			