

Date Building Approved:

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)248-5093Email:pholbrook@milfordohio.org

(Check One) Residential ___ Commercial ____

Building Plans: (3) sets required (Residential or Commercial) New Construction: Site Plan required

| PLEASE PRINT | Name | | Street Address | City, State, Zip | Phone Number & Email | |
|--|---------------------------------|--|-------------------------|------------------|--------------------------|--|
| Property Owner | | | | | | |
| Applicant | | | | | | |
| Plans By | | | | | | |
| Contractor | | | | | | |
| Project Address:Tenant: | | | | | | |
| Parcel ID #:Pr | | | oject Cost \$: | Sq. Ft.:_ | Sq. Ft.: | |
| | scription: | | | | | |
| ** COMMERCIAL ONLY ** Use Group: | | | Construction Type: | Occupa | Occupant Load: | |
| Review Red | quested: (check all that apply) | | | | | |
| New Constr | ruction | Ce Fire Alarm | | | Gas Line | |
| Addition | □HV | AC | □Fire Suppres | ssion | Change of Use | |
| Alteration | □Sig | n-Temporary | □Hood Suppre | ession | Pool | |
| Deck Sq. | ftSig | n-Wall/Ground | □Hood Exhau | st | Tent/Temporary Structure | |
| Shed Sq. ft. Rel | | ocation | Lot Split/Consolidation | | WMSC | |
| - | | | <u> </u> | | | |
| Electrical - Service Size**Li | | ine Drawing Required if over 400 AMP** | | | | |
| New Construction: Is property located in a Floodplain? Yes / No | | | | | | |
| Auditor Information: # Bedrooms: # Baths: # Stories: Livable Sq. Ft.: Finished Basement Sq. Ft.: | | | | | | |
| Please Sign Below: 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 Rep. (please print): | | | E-ma | E-mail: | | |
| Owner/Owner Rep. Signature: | | | Date: | | | |
| **** | ****** | **** | | ****** | ***** | |
| Certificate Nu | umber: | | Office Use Only | | | |
| Date Zoning Approved: | | Zo | ning Initials: | Zoning D | Zoning District: | |
| Date Engineering Approved: Eng | | | gineering Initials: | | | |

Examiner Signature: