



City of Madeira  
 Building Department  
 7141 Miami Avenue  
 Madeira, OH 45243

<b>RECEIVED:</b> _____
Date _____
Fee: \$ _____ Date Paid _____
Permit No: _____

**DISCLAIMER: ALL INFORMATION ON THIS FORM WILL BECOME PUBLIC RECORD**

## Building and Zoning Permit

**PROPERTY INFORMATION:** please print

Address:			
Book, Page & Parcel number:		New Construction Lot #:	

**PROPERTY OWNER:** please print

Name:		Daytime Telephone #:	
Address:		Evening Telephone #:	
	<input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC	Email Address:	

**APPLICANT/TENANT:** please print

Name:		Telephone #:	
Address:		Email Address:	

**CONTRACTOR/PLANS BY:** please print

Name:		Telephone #:	
Address:		Email Address:	

**PROJECT INFORMATION:**       RESIDENTIAL       COMMERCIAL      ESTIMATED COST: \$ \_\_\_\_\_

TYPE OF IMPROVEMENT:	
	New Building – SqFt = _____
	Addition # of units: _____
	Alteration/repair:
	# of units added: _____ Removed: _____
	Heating/Air: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> furnace <input type="checkbox"/> air <input type="checkbox"/> both
	Other: _____

TYPE OF USE:	<i>Per Ohio Building Code Sect 302 - Classification</i>
	Assembly
	Business
	Educational
	Factory/Industrial
	High Hazard
	Institutional
	Mercantile
	Residential – Single Family _____ Multi Family _____
	Storage
	Utility and Miscellaneous

Is the property located in a Floodplain?  Y  N

**COMPLETE THE FOLLOWING ITEMS FOR NEW BUILDINGS & ADDITIONS ONLY:**

**A. PRINCIPAL TYPE OF FRAME:**

- \_\_\_ Masonry (Wall Bearing)
- \_\_\_ Structural Steel
- \_\_\_ Wood Frame
- \_\_\_ Reinforced Concrete
- \_\_\_ Other \_\_\_\_\_

Is there central air conditioning in this building?  Y  N

Is there an elevator in this building?  Y  N

**B. TYPE OF HEATING FUEL:**

- \_\_\_ Gas      \_\_\_ Coal
- \_\_\_ Oil      \_\_\_ Electricity
- \_\_\_ Other \_\_\_\_\_

**E. TYPE OF SEWAGE DISPOSAL:**

- \_\_\_ Public Sewer
- \_\_\_ Private System (septic tank, etc.)

**F. FOR COMMERCIAL BUILDINGS ONLY:**

Number of off-street parking spaces: Enclosed \_\_\_\_\_ Outdoors \_\_\_\_\_

**C. TYPE OF WATER SUPPLY:**

- \_\_\_ Public
- \_\_\_ Private (Well, Cistern)

**D. FOR RESIDENTIAL BUILDINGS ONLY:**

Number of bedrooms \_\_\_\_\_  
 Number of bathrooms \_\_\_\_\_  
 Number of off-street parking spaces \_\_\_\_\_

