RESIDENTIAL BUILDING PERMIT APPLICATION

CITY OF DEFIANCE
BUILDING INSPECTION
631 PERRY STREET SUITE 101
DEFIANCE, OHIO 43512
419-784-2195

RECEIPT NO._____ CHECK NO._____ PERMIT NO._____

SECTION 1 – GENERAL INFORMATION

New Structure See Back of Page

PLEASE PRINT OR TYPE

ESTIMATED COST
OF PROJECT $ _____

JOB ADDRESS:_____

OWNER'S NAME_____ **PHONE**_____

OWNER'S ADDRESS_____

CONTRACTOR_____ **PHONE**_____

ADDRESS_____

SECTION 2 – DESCRIPTION OF PROPERTY AND PROJECT

TYPE OF STRUCTURE
___ SINGLE FAMILY
___ TWO FAMILY
___ THREE FAMILY
___ OTHER (DESCRIBE)
_____

LOCATION OF WORK
___ EXTERIOR
___ BASEMENT
___ 1ST FLOOR
___ 2ND FLOOR
___ 3RD FLOOR
___ OTHER (DESCRIBE)
_____

TYPE OF WORK
___ NEW STRUCTURE* **
*Required: Cert of Occupancy Fee And Zoning Cert Fee - see Zoning Cert Application

___ ADDITION**
___ REPAIR
___ ALTERATION
___ OTHER (DESCRIBE)

INTERIOR
___ REMODEL BATHROOM
___ REMODEL KITCHEN
___ REMODEL _____ (ROOM)

___ MOVE/REMOVE WALLS
___ WATERPROOFING
___ OTHER (DESCRIBE)
_____
_____

EXTERIOR

___ **HOUSE**
___ ROOFING
___ TEAROFF
___ REROOF
___ SIDING
___ DECK
___ GAZEBO/ARBOR
___ PORCH ENCLOSURE
___ WINDOW REPLACEMENT
___ NUMBER
___ WATERPROOFING
___ STEPS
___ FRONT
___ SIDE
___ REAR
___ OTHER (DESCRIBE)
_____
_____

___ **GARAGE**
___ NEW**
___ ROOFING
___ TEAROFF
___ REROOF
___ SIDING
___ FLOOR
___ REPAIR
___ OTHER (DESCRIBE)
_____

___ **ACCESSORY BLDG (OVER 200 SF)**
____ NEW
____ Width
____ Length
____ Height
___ ROOFING
___ TEAROFF
___ REROOF

___ **PORCH**
___ ROOFING
___ TEAROFF
___ REROOF
___ FLOOR
___ REPAIR
___ OTHER (DESCRIBE)
_____

___ **POOL (over 24" deep)**
____ **Above Ground**
____ **In Ground**

****All fees paid "upfront "– see: "Worksheet for Fees" (Applies to New Homes, Additions and Garages)**

BRIEF DESCRIPTION OF JOB _____

_____

SUBTOTAL . . . . . **$**_____
1% STATE SURCHARGE . . . . . **$**_____

TOTAL FEE . . . . . **$**_____

THIS APPLICATION IS SUBMITTED FOR A PERMIT TO ERECT, ADD TO, ALTER OR REPAIR A STRUCTURE AS DESCRIBED IN THIS APPLICATION AND ANY DRAWINGS, WHICH ACCOMPANY IT. THE ACCEPTANCE OF THE PERMIT SHALL BE CONSIDERED AN AGREEMENT ON THE PART OF THE APPLICANT OR HIS/HER AGENTS TO COMPLY WITH THE BUILDING AND ZONING CODES OF THE CITY OF DEFIANCE, OR OTHER ORDERS, REQUIREMENTS OR SPECIFICATIONS STATED IN THE PERMIT.

WORK WILL NOT START UNTIL THE PERMIT IS RECEIVED

_____ _____ _____
APPLICANT'S SIGNATURE **PRINT NAME** **DATE**

_____ _____
INSPECTOR **DATE**

A PERMIT, IF ISSUED, WILL EXPIRE IN SIX (6) MONTHS FROM THE ABOVE DATE

Effective: 10-1-07/Replaces: 6-07

PLEASE COMPLETE

SHOW SIZE AND LOCATION OF EXISTING BUILDINGS

DISTANCES TO PROPERTY LINES

SHOW LOCATION AND DISTANCES OF ADDITIONAL OR NEW BUILDINGS

WIDTH OF PROPERTY

PROPERTY FRONTING ON _____STREET

PROJECT ADDRESS _____

LOT #_____ ADDITION_____

CURRENT ZONING _____ ADDITIONAL CONTRACTOR _____

AS THE APPLICANT YOU ARE REQUIRED BY LAW TO CLOSE THIS PERMIT AFTER YOUR WORK IS COMPLETED CALL 419-784-2195 TO SCHEDULE A FINAL INSPECTION.