

**RESIDENTIAL: 1, 2 & 3 FAMILY  
BUILDING PERMIT APPLICATION**  
NEW, ADDITIONS, PORCHES.  
INTERIOR & EXTERIOR ALTERATIONS,  
DECKS, ACC. STRUCTURES, FENCES  
RE-ROOFING, ALL MECHANICAL, ETC.

**VILLAGE OF FAIRFAX, OHIO  
BUILDING DEPARTMENT**  
5903 HAWTHORNE STREET, CINCINNATI, OH 45227  
PHONE: (513) 675-3640 FAX (513) 271-4178  
USE BALL POINT PEN OR TYPE

**APPLICATION NUMBER**  
  
  
**DO NOT WRITE IN THIS SPACE**

**1 PROJECT ADDRESS:** \_\_\_\_\_

2 NAME	STREET ADDRESS	CITY	ST.	ZIP CODE	PHONE NO.
OWNER					
CONTRACTOR					
DESIGNER					
APPLICANT					
APPLICANT'S E-MAIL ADDRESS				FAX NO.	

**3 WORK:** New  Addition  Alterations  Deck  Accessory  Fence  Porch  Roof Covering  Mech.

**4 DESCRIBE THE WORK:** \_\_\_\_\_

**5 PROJECT AREA (SF):** Floor 1: \_\_\_\_\_ Floor 2: \_\_\_\_\_ Floor 3: \_\_\_\_\_ Basement: \_\_\_\_\_ Garage: \_\_\_\_\_

**6 ESTIMATED COST (L+M):** \_\_\_\_\_ **7 APPROX. START DATE:** \_\_\_\_\_ **8 APPROX. FIN. DATE:** \_\_\_\_\_

**9 EXIST. BEDROOM COUNT:** \_\_\_\_\_ **10 NEW BEDROOMS PROPOSED:** Yes No **11 NO. NEW BEDROOMS:** \_\_\_\_\_

**12 ARE YOU SERVED BY PUBLIC WATER (CWW):** Yes No **13 ARE YOU SERVED BY PUBLIC SEWER (MSD):** Yes No

**14 ENERGY CONSERVATION:** ALL STRUCTURES THAT ARE HEATED AND/OR COOLED SHALL CONFORM TO THE REQUIREMENTS OF CHAPTER 11 OF THE *RESIDENTIAL CODE OF OHIO (RCO)*.

**15 MECHANICAL INFORMATION:** ALL HEATING EQUIPMENT SHALL BE SIZED TO ACHIEVE AND MAINTAIN AN INSIDE TEMPERATURE OF 68o F AT 36 INCHES ABOVE THE FLOOR (IN ALL HABITABLE ROOMS) WHEN THE OUTSIDE TEMPERATURE IS 6° F.

**A. ANY MECHANICAL EQUIPMENT BEING REPLACED:** Yes No **B. EQUIPMENT REPLACED:** Furnace AC W. Heater

**C. FURNACE, AC & WATER HEATER SPECIFICATIONS:** **D. TYPE OF FUEL:** Natural Gas Electric LP. Gas Oil

FURNACE 1: Sealed Unit: Yes No FURNACE 2: Sealed Unit: Yes No W. HEATER 1: Fan Assisted: Yes No  
Input: \_\_\_\_\_ Btu Input: \_\_\_\_\_ Btu Input: \_\_\_\_\_ Btu  
Output: \_\_\_\_\_ Btu Output: \_\_\_\_\_ Btu W. HEATER 2: Fan Assisted: Yes No  
AIR COND. 1: Cooling: \_\_\_\_\_ Btu AIR COND. 2: Cooling: \_\_\_\_\_ Btu Input: \_\_\_\_\_ Btu

<b>**OFFICE USE ONLY**</b>					
MIN. INDOOR COMBUSTION AIR:	_____ SF	MIN. _____ SF	1) MIN. _____ SF		
MIN. OUTDOOR COMBUSTION AIR:	_____ IN.	MIN. _____ IN.	MIN. _____ IN.		
MIN. SUPPLY & RETURN DUCT:	_____ SQ. IN.	MIN. _____ SQ. IN.	2) MIN. _____ SF		
(ALL AREA FIGURES BASED ON 6'-8" CEILING HEIGHT)			MIN. _____ IN.		
TOTAL ROOM SIZE (INDOOR COMBUST. AIR):	_____ SF	TOTAL DUCT DIAMETER (OUTDOOR COMBUST. AIR):	_____ IN.		

The owner of this building and undersigned, do hereby covenant and agree to comply with all of the laws of the State of Ohio and with the ordinances of the Village of Fairfax, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with drawings and specifications submitted herewith, and certify that all of the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

**NOTE: FILING THIS APPLICATION DOES NOT CONSTITUTE PERMISSION TO BEGIN WORK.**

APPLICANT'S PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE**

**PERMIT APPROVED BY:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **CLARIFICATION MEMO**  **ITEMS** \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ PERMIT FEE \_\_\_\_\_ OBBS FEE \_\_\_\_\_ TOTAL FEE \_\_\_\_\_ BAL. DUE \_\_\_\_\_