

VILLAGE OF LOCKLAND

101 N. Cooper Ave., Lockland, OH 45215

BUILDING PERMIT APPLICATION

Phone (513) 761-1124 Fax (513) 761-4948

FOR INFORMATION CALL National Inspection Corporation: 1-888-433-4642

(Check one :) RESIDENTIAL: _____ COMMERCIAL: _____

APPLICATION DATE: _____ EST. PROJECT COST: \$ _____ TOT. SQ. FEET: _____ LOT#: _____

SITE ADDRESS: _____ TENANT: _____

PROJECT DESCRIPTION: _____

PLEASE PRINT	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE & FAX NUMBERS
PROPERTY OWNER				
GENERAL CONTRACTOR				
HVAC CONTRACTOR (if applicable)				
APPLICANT				

CHECK PERMIT TYPES REQUESTED: (Check all that apply)

BUILDING _____ HVAC _____ CHANGE OF USE/OCCUPANCY _____ SIGN _____ ELEC _____ OTHER _____

NEW CONSTRUCTION _____ ADDITION _____ ALTERATION / REMODEL _____

ACCESSORY STRUCTURE/ POOL _____ FIRE SPRINKLER SYSTEM _____ FIRE ALARM SYSTEM _____ KITCHEN

EXHAUST HOOD _____ ZONING _____

3 RESIDENTIAL OR 4 COMMERCIAL SITE AND BUILDING PLANS ATTACHED? _____

COMMERCIAL ONLY: USE GROUP: _____ CONSTRUCTION TYPE: _____ OCCUPANT LOAD: _____

The Applicant being the Owner or Owner's Agent has submitted construction plans, specifications, and plot plans that are incorporated into and made -part of this application. In consideration of the granting of the permit hereby requested, the Applicant agrees to ensure the related work is completed in accordance with the terms of the permit and applicable State and local laws and regulations. The Applicant acknowledges it is the responsibility of the Applicant to verify and comply with all easements, rights of way and plat covenants and restrictions of record affecting the said property. Applicant will notify the Building Inspector upon start of construction, call for required inspections and will not use or occupy the structure until a Certificate of Occupancy or Completion full or conditional) has been issued by the Building Inspector. I certify that I have examined this application and all information in this application is true and correct.

APPLICANTS NAME (PLEASE PRINT): _____ PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

APPLICANTS SIGNATURE: _____ DATE: _____

*****OFFICE USE ONLY*****

DEPOSIT AMOUNT \$ _____ RECEIVED BY: _____ REFERENCE: _____

ZONING APPROVAL _____ DATE: _____

APPROVED/NOT APPROVED _____ DATE: _____

NOTE: IT IS THE RESPONSIBILITY OF THE OWNER/APPLICANT TO OBTAIN ALL OTHER NECESSARY PERMITS



311 Regency Ridge
Dayton; Ohio 45459
Phone: 937-433-4642
Fax: 937-433-0949

E-mail: NATINSPECT@aol.com

Electric
Service Reconnection
Requirements

The following is a list of requirements that need to be completed before a release is given:

1. Service cables- Service cables shall be in good condition, properly secured and sealed at the entry to the cabinets so that water shall not penetrate.
2. Grounding System - All services and electric systems shall have an approved grounding system. Typically this is a waterline ground connection and a ground rod OR if no metallic water line is available, two ground rods at least 6 feet apart shall be used.
3. Service panels - Conductors must be secured at panel with listed connectors, terminated on proper fuse or breaker size, and unused openings sealed.
4. Hazardous wiring - Hazardous, wiring shall be removed or made safe. These are items such as splices outside of boxes, overloaded circuits etc.