



Commercial & Industrial Building Permit Application

Office Use Only:

Permit No: _____

Total Fee _____

THE APPLICANT IS: OWNER CONTRACTOR

SITE ADDRESS: _____ SUITE #: _____

CITY: _____ STATE: _____ ZIP: _____

SITE BUSINESS NAME: _____

LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ SUBDIVISION: _____

OWNER	NAME _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	PHONE # WHERE YOU CAN BE REACHED _____
	EMAIL: _____
GENERAL CONTRACTOR	COMPANY NAME _____ LICENSE # _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	CONTACT NAME _____
	PHONE # WHERE YOU CAN BE REACHED _____
ARCHITECT	COMPANY NAME _____ LICENSE # _____
	PHONE # WHERE YOU CAN BE REACHED _____
	EMAIL: _____
ENGINEERS	CIVIL ENGINEER _____ LICENSE # _____
	STRUCTURAL ENGINEER _____ LICENSE # _____
	MECHANICAL ENGINEER _____ LICENSE # _____
	ELECTRICAL ENGINEER _____ LICENSE # _____
	EMAIL: _____

THE FIRE MARSHAL IS REQUIRED TO DO AN INSPECTION ON FIRE RELATED ITEMS - SEE CHECKLIST.

PROPOSED USE: _____

SQUARE FOOT _____

VALUATION OF WORK (excluding land): _____

IS BUILDING SPRINKLED? YES NO STANDPIPES? YES NO

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

BUILDING PERMIT TYPE:

- _____ APARTMENT BUILDING
- _____ PARKING LOT
- _____ COMMERCIAL BLDG. - NEW
- _____ COMMERCIAL BLDG. - ADD/REMODEL
- _____ INDUSTRIAL BLDG. - NEW
- _____ INDUSTRIAL BLDG. - ADD/REMODEL
- _____ TAX EXEMPT BLDG. - NEW
- _____ TAX EXEMPT BLDG. - ADD/REMODEL
- _____ FENCES
- _____ BUILDINGS MOVED
- _____ BUILDINGS DEMOLISHED
- _____ FOOTING/FOUNDATION ONLY
- _____ MISCELLANEOUS

CODE INFORMATION:

- _____ IBC OCCUPANCY GROUP
- _____ TYPE OF CONSTRUCTION
- _____ FIRE SUPPRESSION SYSTEM
- _____ ZONING DISTRICT
- _____ CODE EDITION
- _____ USE

PERMIT FEES:

- PERMIT FEE: \$ _____
- PLAN CHECK: \$ _____
- SURCHARGE: \$ _____
- METRO SAC UNIT (____): \$ _____
- METRO WAC UNIT (____): \$ _____
- CITY SEWER UNIT (____): \$ _____
- CITY WATER UNIT (____): \$ _____
- CITY WATER PERMIT: \$ _____
- CITY SEWER PERMIT: \$ _____
- METER: \$ _____
- SEPTIC: \$ _____
- OTHER: \$ _____
- ESCROWS: \$ _____
- SOFTWARE SURCHARGE: \$ _____
- TOTAL FEES:** \$ _____

REQUIRED INSPECTIONS:

- _____ FOOTING
- _____ FRAMING
- _____ INSULATION
- _____ FOUNDATION
- _____ FIREPLACE
- _____ SITE
- _____ OTHER
- _____ BUILDING FINAL

COMMENTS: _____

REQUIRED APPROVAL:

- ZONING ADMINISTRATOR: _____ DATE: _____
- CITY ENGINEER: _____ DATE: _____
- FIRE MARSHAL: _____ DATE: _____
- BUILDING INSPECTOR: _____ DATE: _____