



6131 Taylorsville Road
Huber Heights, OH 45424
937.233.1423 Fax 937.233.1272
www.hhoh.org

New Construction, Commercial, Industrial Permit Application

Office Use Only

Permit # _____

Authorized Signature: _____

Date: _____

Applicant Name: _____

Project Address: _____

Phone #: _____

Email Address: _____

Type of Structure Proposed:

- New Construction: Single Family Dwelling
- New Construction: Apartment Building
- New Construction: Industrial
- New Construction: Office
- New Construction: Condominium
- New Construction: Commercial
- New Construction: Other _____
- Commercial/ Industrial Remodeling
- Commercial/ Industrial Addition
- Commercial/ Industrial Other _____
- Cell Tower – New (Application fee - \$100)
- Cell Tower – Equipment Modification or Replacement (Application fee - \$100)

Submissions must include 3 copies of site and construction plans drawn to scale

Proposed Structure:

Estimated Cost: \$ _____

Contractor Name: _____ Phone: _____

Size: Length: _____ Width : _____ Height : _____ Total Square Footage: _____

Setbacks: Rear Line: _____ Side: _____ Side: _____ Front: _____

Application must be filled out legibly, completely and accurately.

All fees are due upon submittal of application. Application fees are NON-REFUNDABLE.

Application is hereby made for zoning certificate, and the statements herein are made a part thereof. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact, either with or without intention on the part of the applicant, such as might, or would, operate to cause the issuance of a permit in accordance with this application, shall constitute sufficient ground for the revocation such permit at any time. The applicant is responsible for Third party and/or in-house professional costs incurred by the City for legal and engineering services. The fee schedule for legal and engineering services is available upon request. (Ordinance 87-O-231, Effective 4/2/87) (Ordinance 87-0-272, Effective 11/21/87)

Applicant Signature: _____

Date: _____

Date Paid: _____ Amount Paid: _____ Cash / Check: # _____ Receipt Number: _____