CITY OF SPRINGDALE - BUILDING DEPARTMENT

11700 SPRINGFIELD PIKE SPRINGDALE, OHIO 45246 PHONE: 513-346-5730 FAX: 513-346-5747 WEBSITE: www.springdale.org/building-department

EMAIL: Building@Springdale.org

Application / Permit Number	

GENERAL APPLICATION FOR PERMIT

	(Please provide a common n	name to describe this project)	Parcel ID: (Auditor's Website)	0 5	9 9	0 0			
Project Locat	ion:		,						
Contact Info:	(Street No.) (S	treet Name)			(Springdale	e, Ohio)	(Zip	Code)	
Property Owner: _	(Name: As per Auditor's Website.)				(Daytime P	Phone Nunb	er)		
-	(Mailing Address: Street No; Street	t Name, City, State, Zip)			(E-mail Ad	dress)			
Applicant: _	(Name)				(Daytime F	Phone Nunb	er)		
-	(Mailing Address: Street No; Street	t Name, City, State, Zip)			(E-mail Ad	dress)			
THIS APPLICA Special Flood F	TION IS FOR: azard Area: ☐ Yes ☐No	☐ Residential (R ☐ Non-Resident Proposed Use G	ial (OBC; Commer	cial)	□ Nev □ Add	/ Work ition	ΠА	ding Iterati (One)	on
O Fence O Wrecking O Moving Buildi O Dumpster/Po	(SF) (SF)	I BUILDING 1st Floor 2nd Floor Bsmt Garage Deck/Porch Total Sq Ft I Reroofing/Miscellane tructures: O Re-Roof Ex Bldg O Tents O Retaining Walls O Certificate of Occupar O Misc Buildings O Awnings and Marquee I PLUMBING SYSTEMS (Hamilton County Public Health) I RENTAL UNIT PERMI	(SF)(SF)(SF)(SF)(SF) OUS (SF)(SF) Ous (SF)(Dates)(Length) ncy Only PS 6 T(SF)	O Nor O F O C O Res O Mis D ELE O Nor O Mul O Res O Cor O Res	n Resid HVAC S Gas Sys Refrig S Other S S/Multi (First Sy Other S sc Equi CTRIC n Resid New/A tti-Fam sidentia	stem System System ystem ystems ystems pment AL SYS ential/C dd/Atls (# Units) I on Tem I Swimn	STEM Comm	ercial S ercial	(Cd
O Fire Alarm O Alternative Sy									

(Print Name)

(Date)

(8/25/2023)

(Signature of Owner/Agent)

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ENERGY CODE COMPLIANCE CHECKLIST

Required by the **State of Ohio** for all new construction, additions and alterations involving building envelope and/or alterations to mechanical or electrical equipment.

		Residential	Commercial				
Street	address						
City, S	State		Zip	Code			
CHEC	K ONE						
	COMME Code op	<i>RCIAL:</i> otion: (Check One)	Method of Compliance: (Check One)				
	20	012 IECC	Prescriptive tables				
	20	010 ASHRAE 90.1	COMcheck or equa	I			
	<u>RESIDE</u> Code op	<u>NTIAL:</u> otion: (Check One)	Performance analys				
	(2 (5 (5 (8 (6 (6) (7) (7)	019 RCO 1101 2018 IECC) 019 RCO Section 1105 Simulated Performance) 019 RCO Section 1106 Energy Rating Index) 019 RCO Section 1112 0HBA Option) 018 IECC 0HBA Option)	IECC prescriptive ta RCO prescriptive ta (2019 RCO) OHBA prescriptive ta REScheck or equal Performance analys ERI Analysis Softwa	ble 1102.1.2 cable 1112.2.1			

FEE CALCULATION TABLE (For Department Use):

DEPARTMENT	ESTIMATED COST	FEE	DUE	DEPARTMENT	FEE	DUE
APPLICATION FEE		75.00	\$75.00	FIRE PROTECTION		
BUILDING				FIRE PROTECTION		
ELECTRICAL						
MECHANICAL						
PRESSURE PIPING						
FIRE PROTECTION						
STATE 1%-3%						
DRIVEWAY						
PHASE II StormWate						
WMSC						
TOTAL				TOTAL		

FACSIMILE OR REDUCED PHOTOCOPIES WILL NOT BE ACCEPTED

2011 1

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