



City of Fairfield  
 Building & Zoning Division  
**PERMIT APPLICATION SHEET**  
**(513) 867-5318**

**FOR OFFICE USE**

Permit # \_\_\_\_\_

Cost: \_\_\_\_\_

Zoning: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

PROPERTY OWNER/TENANT: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

License#: \_\_\_\_\_

Fax No. \_\_\_\_\_ **License Holder Signature** \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX(ES):**

- Commercial     Residential (1, 2 or 3 Family Only)

**ELECTRICAL**

- New Construction
- Temporary Pole
- Temporary Service
- Upgrade/Chg. Service
- Remodel/Rewire
- Multi-Unit Structure
- Sign Wiring
- Pool Wiring
- Pool Bonding

**FIRE**

- Alarm
- Sprinkler System
- Underground Fireline
- Hood Suppression

**HVAC**

- Heating Only
- Cooling Only
- Heating & Cooling
- Multi-Unit
- Misc. Equip.
- Hood

**GAS PIPING**

**SIGNS**

- Permanent
- Promotional

**TENT**

**CHANGE OF OCCUPANCY**

**DEMOLITION**

**ROOFING**

\_\_\_\_\_ # of Layers

**OTHER**

(Please explain below)

**MAIL IN PERMITS**

(Residential only)  
 \$3.00 processing fee

**NOTE: All information and signature must be complete before permit will be processed.**

DESCRIBE THE WORK THAT IS TO BE DONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COST OF IMPROVEMENTS: \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

NUMBER OF STORIES: \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR MORE INFORMATION**

**For promotional signs/tents, please list starting and ending dates:**

\_\_\_\_\_ to \_\_\_\_\_

Sq. Footage of Sign: \_\_\_\_\_

**For electrical permits, please provide the following:**

Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ # of Main Disconnects: \_\_\_\_\_

AMPS: \_\_\_\_\_ # of Meters: \_\_\_\_\_

Service Conductors: \_\_\_\_\_ Sets of Conductors: \_\_\_\_\_

**For HVAC permits, please provide the following:**

BTU/H Output: \_\_\_\_\_ Heat Loss/Gain: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_

Electric KW: \_\_\_\_\_ # of Supply/Return Outlets: \_\_\_\_\_

Number of Units: \_\_\_\_\_

**For gas piping permits, please provide the following:**

Number of Outlets: \_\_\_\_\_

Number of Meters: \_\_\_\_\_

**For commercial building permits, please provide the following:**

Use Group Class: (OBBC Sect. 302) \_\_\_\_\_ Type of Construction: (Chapter 6, OBBC) \_\_\_\_\_

Occupancy Load: (OBBC Sect. 1008) \_\_\_\_\_ Sprinkler System Provided: \_\_\_\_\_

Total Floor Area: \_\_\_\_\_ Architect/Engineer Responsible for Plans: \_\_\_\_\_