



CITY OF DAYTON RESIDENTIAL BUILDING PERMIT APPLICATION

ADDRESS OF PROJECT: _____

SUBDIVISION/TRACT: _____ BLOCK: _____ LOT: _____

OWNERS NAME: _____ PHONE:(_____) _____

OWNERS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR NAME: _____ PHONE: (_____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR'S E-MAIL ADDRESS: _____

ARCHITECT/ENGINEER: _____ PHONE: (_____) _____

Type of Permit (check <u>one</u> type only for each application)		
New Residence	Carpport	New Fence
Add-on or Remodel Residence	Fire Damage Work	Demolition
Foundation Repair	Driveway	
Placement of Moved Residence	Garage	Other 1
Storage Building	Swimming Pool	Other 2

DESCRIPTION OF IMPROVEMENT: _____

COST OF IMPROVEMENT \$ _____ **OR if NEW – VALUE OF CONSTRUCTION TOTAL \$** _____

SQUARE FEET OF BLDG: _____ **NUMBER OF STORIES:** _____ **NUMBER OF BATHROOMS:** _____

SQUARE FEET OF GARAGE: _____ **NUMBER OF BEDROOMS:** _____

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

THIS CERTIFIES THAT ON THIS DATE I MADE AN APPLICATION FOR A PERMIT WITH THE CITY OF DAYTON. I HEREBY AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCES AND MEET ALL DEED RESTRICTIONS (THE CITY DOES NOT ENFORCE DEED RESTRICTIONS) AND UNDERSTAND THAT THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE ME AUTORIZATION TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION. FURTHERMORE, I DO HEREBY UNDERSTAND AND ACKNOWLEDGE THAT THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION IS NOT COMMENCED WITHIN SIX (6) MONTHS FROM DATE OF THIS SIGNED APPLICATION, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS AT ANY TIME AFTER WORK OR CONSTRUCTION IS COMMENCED. MOREOVER, I HEREBY UNDERSTAND THAT ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, REGARDLESS OF STAGE OR TIMEFRAME OF CONSTRUCTION OR DEVELOPMENT.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICANT'S PRINTED NAME _____ **DATE** _____

OFFICE USE ONLY	
PLAN REVIEWER _____	DATE _____
TYPE OF CONSTRUCTION _____	OCCUPANCY TYPE: _____
FLOOD PLAIN VERIFICATION <input type="checkbox"/> NO – NOT IN FLOODPLAIN <input type="checkbox"/> YES – ELEVATION CERTIFICATE REQUIRED	