

**CITY OF WYOMING**  
**800 OAK AVENUE**  
**WYOMING, OH 45215**  
**(513) 821-7600 (513) 821-7952-Fax**  
**www.wyomingohio.gov**

**APPLICATION FOR:  
BUILDING PERMITS  
ZONING CERTIFICATES**

Date Received:  
*(Office Use)*

**I. LOCATION OF BUILDING →**

At (Location)

Hamilton County Auditor's Book-Plat-Parcel Number:  
(www.hamiltoncountyauditor.org)

**II. TYPE AND COST OF BUILDING – All applicants complete Parts A – D**

**A. TYPE OF IMPROVEMENT**

1.  Accessory Building
2.  Addition *(See Section III below)*
3.  Alteration:
  - Structural
  - Non-structural
  - Exterior
  - Interior
4.  Deck
5.  Demolition *(See Section III below)*
  - In Historic District
  - Not in Historic District
6.  Driveway (Private)
7.  Fence
8.  Moving building (relocation)
9.  New building
10.  Patio
11.  Repair, replacement
  - HVAC Equipment
  - Roofing
  - Siding
  - Windows
  - Other (please specify): \_\_\_\_\_
12.  Sidewalk (Private)
13.  Sign:  Permanent  Temporary
14.  Special Use:
  - Bed & Breakfast  Child Day Care Center
  - Group Home  Nursery School
15.  Swimming Pool:
  - In-Ground
  - Above-Ground
16.  Temporary Tent/Structure

**B. PROPOSED USE – For "Demolition" list the most recent use**

**Residential**

17.  One family residence
18.  Two or more family – \_\_\_\_ number of units
19.  Garage
20.  Carport
21.  Other Accessory Building or Structure
22.  Other – please specify

**Nonresidential**

23.  Amusement, recreational
24.  Church, other religious
25.  Hospital, institutional
26.  Office, bank, professional
27.  Parking garage
28.  Public utility
29.  School, library, other educational
30.  Service station, repair garage
31.  Stores, mercantile
32.  Tanks, towers
33.  Other – please specify

**C. OWNERSHIP**

- Private (individual, corporation, nonprofit institutions, etc.)
- Public (Federal, State, or Local Govt. or School District)

**D. COST:**

- Cost of improvement
- To be installed but not included in the above cost:
- a. Electrical
  - b. Plumbing
  - c. Heating, air conditioning
  - d. Other (elevator, etc.)

*(Omit Cents)*

\$

\$

\$

\$

\$

**TOTAL COST OF IMPROVEMENT**

\$

**III. SELECTED CHARACTERISTICS OF BUILDING-**

*For new buildings and additions, complete Parts E –J; for demolition complete only Part I.  
For all others, skip to IV: Identification*

Notes

**E. PRINCIPAL TYPE OF FRAME**

34.  Masonry (wall bearing)
35.  Wood frame
36.  Structural steel
37.  Reinforced concrete
38.  Other \_\_\_\_\_

**F. TYPE OF SEWAGE DISPOSAL**

39.  Public
40.  Private (septic tank, etc.)

**G. NUMBER OF OFF-STREET PARKING SPACES**

41.  Enclosed
42.  Outdoor

**H. RESIDENTIAL BUILDINGS ONLY**

43. Number of bedrooms
44. Number of FULL baths
45. Number of PARTIAL baths

**I. DIMENSIONS**

46. Number of stories
47. Total sq. ft. of floor area
48. Total land area sq. ft.
49. Total land area to be disturbed during construction

**J. HOMES WITH SEPTIC SYSTEMS**

50. Does home have septic system?  Yes  No  
If yes, obtain Health Dept. evaluation application.

