



2023 Subsequent Submittal Application

Additional info: www.BlueAsh.com/Departments/Community_Development/Permits or 513-745-8520

Community Development • 4343 Cooper Road • Blue Ash, Ohio 45242 • email: cdpermits@blueash.com

To Zoning: _____	Zoning Approved?
To Building: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

Residential (2 plan sets) Add'l Project Cost \$ _____

Commercial (3 plan sets; 2 for signs)
PLANS MUST BE STAPLED IN SETS

OFFICE USE ONLY
BA -

Site Address _____ Suite _____

Commercial Tenant _____

Description of Changes: _____

cc: FD (w/plans) ED PW

	OWNER (PER AUDITOR SITE)	APPLICANT	CONTRACTOR
Company			
Contact			
Street Address			
City, State, & Zip			
Phone Number			
Email			

Check One:

CORRECTIONS / ADD'L INFO - requested by Plans Examiner for plans under review

AMENDMENTS - changes by applicant to plans currently in plan review

REVISIONS to approved plans for Permit # _____ (required)

Type of Permit:

<input type="checkbox"/> New Building
<input type="checkbox"/> Addition
<input type="checkbox"/> Alteration/Remodel
<input type="checkbox"/> Change of Use/Occupancy
<input type="checkbox"/> HVAC ²

<input type="checkbox"/> Fire Suppression ³
<input type="checkbox"/> Fire Alarm ³
<input type="checkbox"/> Kitchen Exhaust Hood
<input type="checkbox"/> Hood Suppression ³
<input type="checkbox"/> Electric ²

<input type="checkbox"/> Sign ³
<input type="checkbox"/> Accessory Structure/Pool
<input type="checkbox"/> Deck
<input type="checkbox"/> Fence
<input type="checkbox"/> Other _____

All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building codes, zoning, and other governing codes.

Applicant Name (print) _____ Email _____

Phone (one # only) _____ cell office home

Signature of Applicant _____ Application Date _____

2023 v1 NOTES: _____	OFFICE USE ONLY		PICKED UP BY: _____
			DATE: _____ BAL PAID w/ : _____
\$ _____ CK# _____	Rec'd By _____	OBBS Fee \$ _____	Total \$ _____ Balance Due \$ _____
Building Approved _____	Date _____	Zoning Approved _____	Date _____