



LOCATION INFORMATION	PERMIT
Street Address:	Number:
Owner Name:	Status:
Parcel ID:	Date:

APPLICANT INFORMATION	PRIMARY CONTACT
	Name:
	Phone:
	Cell:
	Fax:
	Email:

PROJECT INFORMATION	
Use Type:	Use Class:
Description of Work:	
Work Scope:	Work Class:

REFERENCE DOCUMENTS		
DATE SUBMITTED	FILE NAME	DESCRIPTION

INSPECTIONS	
INSPECTION	INSPECTOR

A code compliance review of the application and construction documents submitted has resulted in the release of this Permit for the above referenced project. The changes or work authorized by this permit are as noted above and in the referenced documents. The inspections necessary to the proposed changes or work to be completed are also identified above. It is the responsibility of the owner or applicant or their agent to contact the appropriate office to schedule the necessary inspections. All inspections conducted and the final approval of the changes or work authorized will be subject to all items being completed in accordance with the Plan Review notes and the permit application and construction document submittals provided in support of this permit request. Please contact Miami County Building Regulations (937) 440-8075 concerning building, electrical, or mechanical permit requirements that may be applicable to the work being performed. For information regarding plumbing permit requirements that may be applicable to the work being performed contact the City of Piqua Health Department (937) 778-2060.

**DEVELOPMENT OFFICE**

201 West Water Street • Piqua, Ohio 45356
Phone (937) 778-2049 • Fax (937) 778-5165

PERMIT

LOCATION INFORMATION	PERMIT
Street Address:	Number:
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PLAN REVIEW NOTES			
REVIEW	STATUS	DATE	REVIEWER
Signature of Authorized Official:			