

# APPLICATION FOR BUILDING AND ZONING PERMIT

**CITY OF TRENTON PLANNING & ZONING DEPARTMENT**  
 11 East State Street, Trenton, OH 45067 | t. 513.988.6304 Ext. 150 | f. 513.988.0855

<b>BUILDING PERMIT#:</b> _____	<i>Date &amp; Time of Receipt of Application:</i> _____
<b>ZONING PERMIT#:</b> _____	

**GENERAL PROPERTY AND CONTRACTOR INFORMATION:**

OWNER/OWNER REPRESENTATIVE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

LOT NUMBER: \_\_\_\_\_ LOT AREA: \_\_\_\_\_ LOT FRONTAGE: \_\_\_\_\_

SQ. FOOT LIVING AREA: 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ Garage: \_\_\_\_\_ Porch/Deck: \_\_\_\_\_

Finished Basement: Yes/No: \_\_\_\_\_ If Yes, square footage: \_\_\_\_\_

SETBACKS: FRONT YARD: \_\_\_\_\_ RT. SIDE YARD: \_\_\_\_\_ LT. SIDE YARD: \_\_\_\_\_

REAR YARD: \_\_\_\_\_ CORNER LOT? Y/N Building Height: \_\_\_\_\_ Height (*to Peak*): \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BUILDING PERMIT APPLICATION INFORMATION:**

(Check all that apply and describe work to be done. Attach additional pages if necessary)

Work to Be Done:	To What Structure?	Describe Proposed Work (attach additional pages if necessary)
ERECT		
ALTER / MODIFY		
REPAIR		
ADD TO		

**ZONING PERMIT APPLICATION INFORMATION:**

(Check all that apply and describe proposed use in detail. Attach additional pages if necessary)

<i>Residential Zoning Request</i>			<i>Commercial Zoning Request</i>		
New Construction	Deck/Porch		New Construction	Use Change	
Single Family	Accessory Structure		New Business	Accessory Structure	
Multi-family	Home Occupation		Change in Parking	Alteration/Addition	
Dwelling Units	Alteration/Addition		Sign:	<i>Permanent</i>	<i>Temporary</i>
Fence	Other:		Fence	Other:	
<b>Explain in Detail:</b> (Type of business; Sq. Ft.; Fence type; Shed; etc.)					

DOCUMENTS ATTACHED	PERMIT FEE CALCULATIONS – (For Office Use Only)	
<u>Residential:</u> <input type="checkbox"/> <b>Plans</b> (2 sets or more if required) <input type="checkbox"/> <b>Construction Plan</b> (2 sets req.) <input type="checkbox"/> <b>Plot Plan</b> (2 sets required) <input type="checkbox"/> <b>Plot Plan</b> (2 sets req.)  <u>Commercial:</u> <input type="checkbox"/> <b>Construction Plan</b> (8 sets req.) <input type="checkbox"/> <b>Plot Plan</b> (2 sets required) <input type="checkbox"/> <b>Site Plan</b> (8 sets req.)  <b>**Note: submit one (1) additional copy of each on 11x17 format</b>  The Ohio Revised Code Chapter 3781.102 (F)2 States: (F) Each political subdivision that prescribes fees pursuant to division (E) of this section shall collect, on behalf of the Board of Building Standards, fees equal to the following: (2) One per cent of the fees the Political subdivision collects in connection with residential buildings.	First Floor _____ SF X \$0.30	\$
	Second Floor _____ SF X \$0.30	\$
	Finished Basement _____ SF X \$0.30	\$
	Garage/Pole Barn/ _____ SF X \$0.20	\$
	Porch/Deck/ _____ SF X \$0.20	\$
	Accessory Structures * No Building Permit Required for Detached Accessory Structures Under 200 sq. ft. (ie: Decks and sheds.)	
	Application Fee for ALL BUILDING Permits: \$30.00	\$
	Plan Review: \$25.00 (All plan reviews)	\$
	Residential Revision Fee: \$150.00	\$
	Roof Tear-Off: \$50.00	\$
	Residential Heating & Cooling Fee: \$80.00	\$
	Flood Plain Permit Fee: \$100.00	\$
	Residential Certificate of Occupancy \$100.00	\$
	Demolition Permit Fee: Accessory Bldg. \$25.00 Residence \$50.00	\$
	Park Impact Fee \$600.00	\$
Piggyback Fee (Commercial only) \$75.00	\$	
Sign Permit Fee (Does NOT include Zoning Fee) \$25.00	\$	
Zoning Fee (Determined by “type” of work to be done.) One percent (1%) assessment fee to be collected on behalf of the Board of Building Standards.	\$	
	<b>TOTAL:</b>	\$

1. Zoning Certificate IS required for all accessory structures. Accessory structures must be located in the rear yard, a minimum of 5’ from all property lines.
2. It is the applicant’s responsibility to comply with all civil deed and/or subdivision restrictions and/or covenants on property.
3. **Questions regarding permitting requirements, fees, or similar topics** should be directed to the City of Trenton at 513-988-6304 ext. 150.
4. **Questions regarding the building code or to schedule inspections** should be directed to NIC at **888-433-4642**. NIC Inspectors will be available by telephone to respond to queries between 8:00 am and 5:00 pm, Monday through Friday.
5. The **Butler County Health Department** handles all **plumbing permits** within the city. The BCHD is located at 301 South Third Street in Hamilton and can be reached at **513-863-1770**.

**Please note, all building department correspondence (permit applications, plans, fees and all zoning department correspondence) must be submitted to the City of Trenton.**

The City of Trenton Building and Zoning Department thanks you for your cooperation. This permitting process is required by Code and is being done for your safety as well as the safety of others.

*I, the undersigned, certify my right to make the above application. Further, I certify that all submitted information is true and accurate, and the proposed use will conform to the application as submitted and that no changes shall be made without the express written pre-approval of an authorized representative of the City of Trenton.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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If applicable, please provide a sketch of the lot, building, and/or accessory structure where the requested work is to be done. Provide all measurements and dimensions of all lot lines, building sizes, and distances between structures and property lines.

A large, empty rectangular box with a double-line border, intended for a sketch of the lot, building, and/or accessory structure. The box is currently blank.