



All building and construction documents are to be submitted in pdf format ONLY. Hardcopies are no longer acceptable.

PERMIT# \_\_\_\_\_

# PERMIT APPLICATION

(Check One)  RESIDENTIAL  COMMERCIAL APPLICATION DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ LOT #: \_\_\_\_\_ FLOODPLAIN? \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_ EST. PROJECT COST: \_\_\_\_\_

LIVING SQ. FOOTAGE: \_\_\_\_\_ NON-LIVING SQ. FOOTAGE: \_\_\_\_\_ TOTAL SQ. FOOTAGE: \_\_\_\_\_

**CHECK PERMIT TYPE(S) REQUESTED:** (Check All That Apply)

- NEW CONSTRUCTION  ADDITION  ALTERATION / REMODEL  OCCUPANCY  CHICKENS
- HVAC  GAS  ELECTRICAL – UPGRADE / RECONNECT
- FIRE SUPPRESSION SYSTEM  FIRE ALARM SYSTEM  FIRE DAMAGE
- KITCHEN EXHAUST HOOD  WATER / DEMAND METERS  SIGN – PERMANENT / TEMPORARY
- ACCESSORY STRUCTURE – OVER 200 SQ. FT.  ACCESSORY STRUCTURE – 200 SQ. FT. OR UNDER
- PORCH  DECK  DRIVEWAY  FENCE – PRIVACY / CHAIN-LINK / DECORATIVE
- POOL – IN-GROUND / ABOVE-GROUND / PORTABLE  OTHER – \_\_\_\_\_

<i>(Please Print)</i>	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE NUMBER EMAIL
PROPERTY OWNER				
GENERAL CONTRACTOR				
HVAC / ELEC CONTRACTOR <i>(If Applicable)</i>				

APPLICANT'S NAME (PLEASE PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**OFFICE USE ONLY**

BUILDING DEPT. APPROVED / NOT APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL INSPECTION : \_\_\_\_\_ DATE: \_\_\_\_\_

**Municipality of Carlisle  
Planning and Zoning Department**  
760 Central Avenue • Carlisle, Ohio 45005  
937-746-0555 x210 • Fax 937-743-8178 • www.carlisleoh.org