Building/Zoning Permit Application

City of Reading
1000 Market St, Reading, Ohio 45215-3288

1. Street Address _____

2. Zoning _____ Occupancy _____ Parcel Number _____

3. Property Type: ☐ Residential Property (RCO)
☐ Commercial Property (OBC) _____Commercial Use Group _____Construction Type

	Name	Address	City	State	Zip Code	Phone
Applicant						
Owner						
Contractor						
Plans By						

Required: Email Address of contact for Plan Review and Other Questions: _____

4. Type of Improvement

- ☐ New Building
- ☐ Alteration
- ☐ Addition
- ☐ Repair/Replacement
- ☐ Change of Use
- ☐ Change of Occupancy
- ☐ Fire Alarm
- ☐ Fire Suppression
  - ☐ Sprinkler ☐ Hood
- ☐ Hood System
- ☐ Wrecking/Moving
- ☐ Garage
- ☐ Roof
- ☐ Deck
- ☐ HVAC
  - ☐ Commercial ☐ Residential
  - ☐ Furnace ☐ Air Conditioner
  - ☐ Replacement ☐ New
    - ☐ Electric ☐ Gas ☐ Oil
- ☐ Pool (Above-Ground)
- ☐ Pool (In-Ground)
- ☐ Fence
- ☐ Shed
- ☐ Sign
- ☐ Other _____

5. Description of Work: _____

6. Cost: Estimated cost of construction/Improvement for which this application is being made: $_____

7. Use of this Building and Premises: Existing Use: _____ Proposed Use: _____

8. Total Floor Area for New Building/Garage/Sheds/Additions/Decks: _____ (sq ft)

The owner of this building and undersigned, do hereby covenant and agree with all the laws of the State of Ohio and the ordinances of the City of Reading pertaining building(s), and to construct the proposed building(s) or structure(s) or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements on this application, drawings, and specifications to the best of their knowledge, true and correct.

Application By: _____ _____ _____
Owner or Agent's Name(Print) (Sign) (Date)

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Permit Fee	$_____	**Zoning Official Approval**	_____
OBC 3% (Commercial)	$_____	**Zoning Date Approved**	_____
RCO 1% (Residential)	$_____	**Zoning Permit Number**	_____
Zoning Fee	$_____	**Building Official Approval**	_____
Total	$_____	**Building Date Approved**	_____
Plans Examiner Approval	_____	**Building Permit Number**	_____
Date Plans Approved	_____		

Acting As Agent. Authorized to Act for the Political Subdivision

CITY OF READING BUSINESS / PROFESSIONAL REGISTRATION FORM

City of Reading · Income Tax Office · 1000 Market Street · Reading, OH 45215-3283
Phone: (513) 733-0300 · FAX (513) 842-1016 · www.readingohio.org

Federal ID number is account number

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL. RETURN COMPLETED FORM IN ENCLOSED ENVELOPE WITHIN 15 DAYS

Name of Business _____ **Federal ID # / SS#** _____

Corporate Address _____ **Corporate Phone #** _____

_____ **Corporate Contact Person** _____

Doing Business As _____ **E-Mail Address** _____

Reading Address _____ Suite # _____ **Reading Phone #** _____

Nature of Business _____ **Reading Contact Person** _____

Starting date of Reading Operation: _____ **Accounting Period** ☐ Calendar

☐ Fiscal Year Ending ____ / ____

Type of Business: (please check one)

☐ Sole Proprietorship ☐ Partnership ☐ S Corporation ☐ Corporation ☐ Ltd Liability Co ☐ Single Member LLC ☐ Non-Profit

Names of Corporate Officers (If applicable):

President _____

Treasurer _____

Partners (If applicable):

Name	Address
_____	_____
_____	_____

Number of employees at Reading Location:

Reported on W-2s: _____

Number of contractual employee's at Reading location:

Reported on 1099's: _____

Do you use a payroll company to submit monthly or quarterly withholding payments? (Please check one) ☐ Yes ☐ No

If yes, list payroll company: _____

Resident Businesses (businesses located in Reading): **Are the premises in Reading rented / leased?** (please check one) ☐ Yes ☐ No

If yes, from whom: _____ Address of lessor: _____

Non-Resident Businesses (contractors, vendors, etc, temporarily conducting business in Reading):

Address of Reading job site: _____

Please attach a complete listing with addresses and phone numbers of all subcontractors.

I do hereby certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

_____ _____

Signature **Title** **Date**