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COMMERCIAL RESUBMITTAL APPLICATION

APPLICATION NO. _____

PLEASE ATTACH 4 SETS COMMERCIAL OR PROVIDE PDF FILE

DATE INFORMATION SUBMITTED: _____

SITE ADDRESS: _____ **SUITE#** _____

TENANT'S NAME (if applicable) _____

PROJECT DESCRIPTION: (SEE BELOW) _____

PROPERTY OWNER _____

CHECK PERMIT TYPES REQUESTED: *(Check all that apply)*

_____ **CORRECTIONS / ADDITIONAL INFO REQUESTED FOR PLANS UNDER REVIEW**

_____ **REVISIONS TO APPROVED PLANS FOR PERMIT #** _____

_____ **OTHER (PLEASE DESCRIBE)** _____

APPLICANT'S NAME (PLEASE PRINT): _____

EMAIL ADDRESS _____

PHONE: _____ **FAX** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

***** **OFFICE USE ONLY** *****

DEPOSIT OR FEE PAID \$ _____ **RECEIVED BY** _____ **DATE** _____