BROWN COUNTY BUILDING DEPARTMENT

325 W. State Street, Bldg. B

Georgetown, Ohio 45121

(937) 378-4716 Fax: (937) 378-3017

	l Building Applicati Print or type all information.	On Application must be signe	d to be processed.	DateComplete all applicable spaces.	
Project Name	e:				
Project Addre	ess:(street no.)	(street name)	(zi _j	o code)	
Lot No	Subdivision	Village Co	rp	Township	
Identification	1: (address to include street no. and	zip code)			
Owner			Phone		
Present Addr	ress				
Contractor _			Phone		
Address					
Plans by			Phone	;	
Address					
Application f	for: New Constr	ruction Alte	ration	Garage	
Stories	Sq. Ft Four	ndation Type:	Basement [Slab Crawl Space	
Brief Descrip	otion of Proposed Work:				
Parcel I.D. #	(Contact Brown County	Auditor):			
	rtment Septic Approval N	Number:			
	mmission Approval?	YES	NO		
Do Flood Re	gulations Apply?	YES	NO		
	I hereby certify that the proposed very tand we agree to conform to the regu			horized by the owner to make this application as Brown.	
(sig	gnature of owner / agent)	(p	rint or type name here)	(date)	

Name of Applicant:	
Address/Location:	
Township:	Date:
Board of Health Plumbing Requirements	
Review:	
Action:	
Board of Health, Plumbing	Date
Board of Health Septic Requirements	
Review:	
Action:	
Steve Dick, Board of Health, Sanitarian	Date
Planning Commission Hill Side Requirements	
Review:	
Action:	
James Berry, Executive Secretary Brown County Planning Commission	Date
Planning Commission Drainage Plan Requirements	
Review:	
Action:	
James Berry, Executive Secretary Brown County Planning Commission	Date