BROWN COUNTY BUILDING DEPARTMENT

800 Mt. Orab Pike, Suite 111

Georgetown, Ohio 45121

Phone :(937) 378-4716

Email: building@browncountyohio.gov

	Building Application Print or type all information.		Date Complete all applicable sp	aces.
Project Name	»:			
Project Addre	ess:(street no.)	(street name)	(zip code)	
Lot No	Subdivision	Village Corp	Township	
Identification	: (address to include street no. and z	rip code)		
Owner			Phone	
Present Addre	ess			
Contractor _			Phone	
Address				
Plans by			Phone	
Address				
Application f	or: New Constru	uction Alteration	Garage	
Stories	_ Sq. Ft Foun	dation Type: Base	ement Slab	Crawl Space
Brief Descrip	tion of Proposed Work:			
Parcel I.D. #	(Contact Brown County A	Auditor):		
Health Depar	tment Septic Approval N	umber: Submit signed checklist prior	to application.	
	nmission Approval?	YES NO		
Do Flood Reg	gulations Apply?	YES NO		
Certification: his authorized agent	I hereby certify that the proposed w and we agree to conform to the regul	ork is authorized by the owner of record and that I ations and all applicable laws of the State of Ohio	have been authorized by the owner to mand County of Brown.	ake this application as
Email:				
(sig	nature of owner / agent)	(print or type name l	nere)	(date)