



DECK PERMIT APPLICATION

Inspection requests must be scheduled by 4:30 pm the previous day.

Office Hours Monday – Friday 8:00 AM-4:30 PM

Property Owner & Address:

Contractor & Address:

Project Address:

Lot Number: _____

Phone: () _____

Phone: () _____

Subdivision: _____

Mobile: () _____

Mobile: () _____

Parcel ID: _____

Fax: () _____

Fax: () _____

County: _____

Email _____

Email _____

Type Of Deck/Porch:

Wood Deck Uncovered _____

Wood Deck Covered _____

Size of Deck: _____ square feet

Estimated Cost Of Construction: _____

Two (2) Copies Of Site Plan And Construction Plans Submitted _____

Does This Project Require The Removal/Trimming Of Any Trees? _____

If Yes How Many? _____

Species: _____

Size: _____

(Diameter breast height, measured at 4 1/2' above grade)

Fee is \$122.25 plus 1% State Surcharge

I hereby certify that the site and construction plans submitted are true and accurate and in compliance with 2006 OHIO RESIDENTIAL BUILDING CODE and the Codified Ordinances of the City of Springboro.

Applicant Signature: _____

Date: _____

Printed Name: _____

ALL FIELDS MUST BE COMPLETED AND LEGIBLE

(any missing information will hold up the permit process.)

Current fee schedule effective 01/01/2012 till 12/31/2012.

Revised 12/11

City of Springboro
320 W. Central Avenue
Springboro, Ohio 45066
Phone 937-748-9791
Fax 937-748-6860
www.ci.springboro.oh.us