



WEST ALEXANDRIA

1 Water Street, West Alexandria, Ohio 45381
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JEFF HICKEY, Mayor
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 937-300-8400 • va@westalexoh.com

REQUIRED	SITE ADDRESS: _____ OCCUPANT: _____
	PROJECT DESCRIPTION: _____
	PROJECT AREA (SQ. FT.): _____ or PROJECT LENGTH (LINEAR FT.): _____

OWNER	NAME: _____ ADDRESS: _____
	CITY, STATE, ZIP: _____
	PHONE: _____ EMAIL: _____

APPLICANT	NAME: _____ ADDRESS: _____
	CITY, STATE, ZIP: _____
	PHONE: _____ EMAIL: _____

PLAN BY	NAME: _____ ADDRESS: _____
	CITY, STATE, ZIP: _____
	PHONE: _____ EMAIL: _____

CONTRACTOR	NAME: _____ ADDRESS: _____
	CITY, STATE, ZIP: _____
	PHONE: _____ EMAIL: _____

PROJECT	OCCUPANT: _____ PARCEL ID: _____
	COMMERCIAL USE ONLY: USE GROUP: _____ CONSTRUCTION TYPE: _____
	ELECTRICAL SERVICE SIZE: _____ LINE DRAWING REQUIRED OVER 400 AMP.

REVIEW REQUESTED FOR - Check All That Apply

REVIEW REQUESTED	<input type="checkbox"/> New	<input type="checkbox"/> Building	<input type="checkbox"/> Antenna	<input type="checkbox"/> Exhaust Hood
	<input type="checkbox"/> Addition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Concrete	<input type="checkbox"/> Fire Alarm
	<input type="checkbox"/> Alteration	<input type="checkbox"/> Electrical Service Size	<input type="checkbox"/> Deck	<input type="checkbox"/> Fire Place
	<input type="checkbox"/> Demolition	<input type="checkbox"/> _____ Amp	<input type="checkbox"/> Fence	<input type="checkbox"/> Fire Restoration
	<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> HVAC	<input type="checkbox"/> Hot Tub/Spa	<input type="checkbox"/> Fire Suppression
	<input type="checkbox"/> Cert. of Occupancy	<input type="checkbox"/> Gas Piping	<input type="checkbox"/> Pool	<input type="checkbox"/> Roof
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Utility Excavation	<input type="checkbox"/> Shed	<input type="checkbox"/> Water - Sewer
<input type="checkbox"/> Civil/Zoning	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Other: _____	

All information contained in this application is true, accurate and complete to the best of my knowledge and I, the "Applicant" as the owner's authorized agent, do hereby agree to complete the project in compliance with relevant building and zoning codes.

APPLICANT SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY DO NOT WRITE HERE

PAYMENT: \$ _____ RECEIVED BY: _____ PAYMENT TYPE: _____