



Department of Development
 Building Division
 6996 Taywood Road
 Englewood, OH 45322
 (937) 836-3500

Permit #: _____
 Date Submitted: _____
 Deposit/Pay Type: _____
 Receipt #: _____
 Zoning/Flood Plain Approved: _____
 Building Approved: _____

BUILDING & TRADE RESUBMITTAL APPLICATION

(CHECK ONE) **RESIDENTIAL** _____ **COMMERCIAL** _____

SUBMIT **2 COPIES (RESIDENTIAL)** OR **3 COPIES (COMMERCIAL)**

OR SUBMIT DIGITAL COPIES TO: sdorman@clayton.oh.us and ldervali@clayton.oh.us

Section 1: Property Information	
Property Address / Tenant Name:	Parcel ID#(s):
Section 2: Property Owner of Record	
Property Owner Name(s):	Property Owner Address:
Contact Phone Number:	Contact Email:
Section 3: Applicant Information	
Applicant Name:	Applicant Address:
Applicant Phone Number:	Applicant Email:
Section 4: Review Requested	
Fee schedule is attached; all fees payable to "City of Clayton" ¹	
Check if Applicable:	
<input type="checkbox"/> Corrections / Additional Information (Requested for Plans Under Review)	<input type="checkbox"/> Revisions (To Approved Plans for Permit # _____)
<input type="checkbox"/> Other (specify): _____ _____	
Section 5: Additional Project Information	
Project Description: 	

*All information contained in this application is true, accurate, and complete to the best of my knowledge and I do hereby agree to complete the project in compliance with all relevant building does.

 Owner/Owner Rep. Name (Please Print)

 Email

 Owner/ Owner Rep's Signature*

 Application Date