



ACCESSORY STRUCTURE 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: _____ _____
Phone: (____) _____	Phone: (____) _____	Lot Number: _____
Mobile: (____) _____	Mobile: (____) _____	Subdivision: _____
Fax: (____) _____	Fax: (____) _____	Parcel ID: _____
Email _____	Email _____	County: _____

Type Of Use: Detached Garage: _____ Shed: _____ Other: _____

Total Square Footage: _____ Estimated Cost Of Construction: _____

Does this project require the removal or trimming of any trees? _____ If yes, how many? _____

Species? _____ Size _____
(diameter breast height, measured at 4 1/2' above grade)

2 copies of site plans and building plans (min 8.5 x 11) submitted: _____

A 1% State Surcharge will be added to all Accessory Structure Permit Applications.

0-99 SF	\$0.00	
100-160 SF	\$42.00	
161-200 SF	\$62.00	
Over 200 SF	\$62.00 plus \$6.25 per 100 SF	
Base Fee		\$101.00
Zoning Permit		\$42.25
Plan Review Fee		\$26.00
Total		

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

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 1/01/2012 till 12/31/2012

Revised 12/11

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