

Village of Cuyahoga Hts Ohio

PERMIT # _____

APPLICATION FOR BUILDING PERMIT



TO THE COMMISSIONER OF
BUILDINGS:

I, _____ (OWNER)

HEREBY MAKE APPLICATION FOR A PERMIT TO
ERECT OR BUILD, ALTER OR REPAIR A STRUCTURE
AS DESCRIBED IN THIS APPLICATION AND THE
ACCOMPANYING DRAWINGS, WHICH ARE A PART OF THIS
APPLICATION.

DATE: _____

LOCATION AND DESCRIPTION OF LOT

NO. AND STREET _____

PERMANENT PARCEL NO. _____
NEAREST EXISTING BUILDING _____

ZONE _____

BEING _____ FEET FRONT AND _____ FEET DEEP ON THE _____ SIDE

BEING _____ FEET REAR AND _____ FEET DEEP ON THE _____ SIDE

DESCRIPTION OF BUILDING _____

1 PURPOSE OF CONSTRUCTION, OR INTENDED USE:

- | | | | |
|---------------------|--------------------------|-----------------------------|--------------------------|
| SINGLE DWELLING | <input type="checkbox"/> | COMMERCIAL AND INDUSTRIAL | <input type="checkbox"/> |
| TWO FAMILY DWELLING | <input type="checkbox"/> | WHOLESALE AND RETAIL STORES | <input type="checkbox"/> |
| GARAGE ATTACHED | <input type="checkbox"/> | ADDITION OR ALTERATION | <input type="checkbox"/> |
| GARAGE DETACHED | <input type="checkbox"/> | APARTMENT | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> | | |

2 SEWAGE SYSTEM _____

- | | | | |
|----------------|--------------------------|-------------|--------------------------|
| SEPTIC TANK | <input type="checkbox"/> | | |
| SANITARY SEWER | <input type="checkbox"/> | STORM SEWER | <input type="checkbox"/> |

3 CLOSEST SOURCE OF DRAINING SANITARY SYSTEM _____

4 DO YOU HAVE THE FOLLOWING IMPROVEMENTS? WATER ___ GAS ___ ELECTRICITY ___ SIDEWALK ___

NOTE: THIS APPLICATION TO BE TYPEWRITTEN OR FILLED OUT IN INK

PLEASE FILL IN YELLOW HIGHLIGHTED AREAS

4 NAME AND DESCRIPTION OF BUILDING

5 NATURE OF CONSTRUCTION

6 LOCATION OF PROJECT

7 TYPE OF CONSTRUCTION

a. FIREPROOF I-A I-B

b. NONCOMBUSTIBLE II-A II-B II-C

c. HEAVY TIMBER III

d. ORDINARY IV-A IV-B

e. WOOD FRAME V-A V-B

8 ENTER OUTSIDE DEMENSIONS FOR EACH FLOOR	a. BASEMENT											SQUARE FEET -- FLOOR AREA
	b. FIRST FLOOR											a.
	(CIRCLE NUMBER) c.	2	3	4	5	6	7	8	9	10		b.
	d. TOTAL SQUARE FEET	d=(a+b+c)										c.
												d.

9 ADDITIONAL BUILDING INFORMATION

a. TYPE OF OCCUPANCY

b. ESTIMATED CONSTRUCTION COST \$

OWNER

ARCHITECT / ENGINEER

ADDRESS

ADDRESS

TEL NO

TEL NO

REGISTERED CONTRACTOR

REGISTERED SURVEYOR

ADDRESS

ADDRESS

TEL NO

TEL NO

I, _____, THE OWNER OR BUILDER OF THE PREMISES DESCRIBED IN THE FOREGOING APPLICATION DEPOSES AND SAYS THAT THE ANSWERS HEREINBEFORE SET ARE TRUE. THE ACCEPTANCE OF THE PERMIT HEREIN APPLIED FOR SHALL CONSTITUTE AN AGREEMENT ON THEIR PART TO ABIDE BY ALL THE CONDITIONS HEREIN CONTAINED, AND TO COMPLY WITH ALL ORDINANCES OF CUYAHOGA HEIGHTS, OHIO, AND THE LAWS OF THE STATE OF OHIO RELATING TO THE WORK TO BE DONE THEREUNDER; AND SAID AGREEMENT IS A CONDITION OF SAID PERMIT.

OWNER _____

TELEPHONE NO. _____ ADDRESS _____

COUNCIL REVIEW

APPROVED: _____ DATE _____