

PERMIT NO.

R-_____

Application for Residential Building Permit/Approval

Permitted Construction Work Hours (Codified Ord. #509.08A)

7:00 AM – 9:00 PM – Monday through Friday

9:00 AM – 9:00 PM - Saturday and Sunday

GENERAL INFORMATION**Estimated Cost of Project:** \$ _____

ADDRESS OF CONSTRUCTION: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNER'S ADDRESS: _____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR BUSINESS ADDRESS: _____

CONTRACTOR EMAIL: _____

ARCHITECT NAME: _____ ADDRESS: _____

ARCHITECT EMAIL: _____ PHONE: _____

DESCRIPTION OF PROPERTY AND CONSTRUCTION***Project Sq. Ft.:** _____ (Addition, Deck, New Structure)**STRUCTURE TYPE**

- ☐ Single Family
☐ Other

WORK LOCATION

- ☐ Exterior
☐ Basement
☐ 1st Floor
☐ 2nd Floor
☐ 3rd Floor

TYPE OF WORK

- ☐ New Structure
☐ Alteration (**Specify Details Below*)
☐ Repair (**Specify Details Below*)
☐ Fire Repairs (**Specify Details Below*)
☐ Demolition (**Specify Details Below*)

☐ **ADDITION** (Plans Required)

Specify Location: _____

☐ **ROOF REPLACEMENT**

- ☐ Roof Materials _____
☐ # of Finished Layers _____
☐ Repair / Percentage: _____ %

EXTERIOR☐ **WINDOW REPLACEMENT** (*Printed Photo's Required*) ☐ **DECK** (*Plans Required & Zoning Approval*)SAME STYLE ☐ Yes ☐ NoSAME SIZE ☐ Yes ☐ NoSAME COLOR ☐ Yes ☐ No☐ **SHED** (*Plans Required & Zoning Approval*)

Submit: Drawings, Brochures or Photos

☐ **CHIMNEY**☐ Repair ☐ Rebuild☐ **SWIMMING POOL**☐ Above Ground☐ Below Ground☐ **STEPS** (*Printed Photos Required*)LOCATION: ☐ Front ☐ Rear ☐ Other _____Existing Type: ☐ Wood ☐ MasonryProposed Type: ☐ Wood ☐ Masonry☐ Other: _____☐ **FOUNDATION**

LOCATION: _____

☐ Repair☐ **PORCH**☐ Location: _____☐ New (*Plans Required*)☐ Repair (**Specify Details Below*)☐ Porch Enclosure☐ **RETAINING WALL**☐ New ☐ Existing☐ Repair (**Specify Details Below*)☐ Height: _____☐ **GARAGE**☐ Demolition☐ Floor Only (**Specify Details Below*)☐ New (*Plans Required*) ☐ Repair (**Specify Details Below*)☐ Siding☐ Roofing☐ **SIDING**☐ **SUPPORT POST**

Specify Location: _____

INTERIOR:☐ Remodel Bathroom ☐ Remodel Kitchen ☐ Other Remodel: _____☐ Move/Remove Walls (*Plans Required*) ☐ Drywall Only (Sq. Ft.: _____)☐ Other: (**Specify Details*) _____***REPAIR WORK SHALL BE SPECIFIC TO THE REPAIRS – INCLUDE A SCOPE OF WORK LETTER AND PLANS DETAILING THE PROJECT.**

TO THE BUILDING OFFICIAL: This application is submitted for a permit license to erect, add to, alter or repair a structure as described. Applicant or agents to comply with the Building and Zoning codes of Orange Village, Residential Code of Ohio, or other orders, requirements or specifications stated in the permit and per Related Policy Bulletins.

In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner of record.

X

Authorized Applicant's Signature

Print Name

Date

ATTENTION CONTRACTOR:

AS THE CONTRACTOR, YOU ARE REQUIRED BY LAW (SECTION 108 RCO); TO NOTIFY THE BUILDING DEPARTMENT WHEN WORK IS READY FOR INSPECTION AND TO CLOSE THE PERMIT AFTER THE WORK IS COMPLETED.

CALL 440-287-5132 TO SCHEDULE A ROUGH-IN AND/OR FINAL INSPECTION.

REQUIRED INSPECTIONS

- ☐ FOOTING / FOUNDATION (NEW HOME: Contact Village Engineer for grade inspection B4 pouring)
- ☐ CONCRETE SLAB / UNDER FLOOR
- ☐ FRAME
- ☐ ENERGY EFFICIENCY
- ☐ WATER PROOFING & UDERGROUND DRAIN TILE & STORM LINES
- ☐ FIRE RESISTIVE PENETRATIONS
- ☐ SERVICE EQUIPMENT
- ☐ LOT LINE MARKERS
- ☐ ROUGH & FINAL ON ALL UTILITIES
- ☐ FINAL: (NEW HOME: Contact Village Engineer for Final Grade after Landscaping is in place)

OFFICE USE ONLY**ADDITIONAL REQUIREMENTS**

Other approvals:

- ☐ Architectural Board of Review ☐ Planning & Zoning

Separate Permits are required for: ☐ Electrical ☐ Plumbing ☐ Heating/Ventilation ☐ Other: _____

Professional fee deposits: ☐ Plans Examination ☐ Bond ☐ Engineering ☐ Tree ☐ Impact

- **ROOFING: ICEGUARD REQUIRED PER 905 RESIDENTIAL CODE OF OHIO**

☐ PER POLICY BULLETIN ATTACHED

Certificate of Occupancy is: ☐ Required ☐ Not Required

APPROVAL AND FEES**AMOUNT**

NOTES	FEES	Base:	\$
Amounts per Fee Schedule		Per Item Charges:	\$
		SUB TOTAL:	\$
		State Surcharge Fee (1%):	\$
		TOTAL:	\$

Application for a Building Permit / License is approved (as noted):

Robert McLaughlin, Chief Building Official

Date Approved